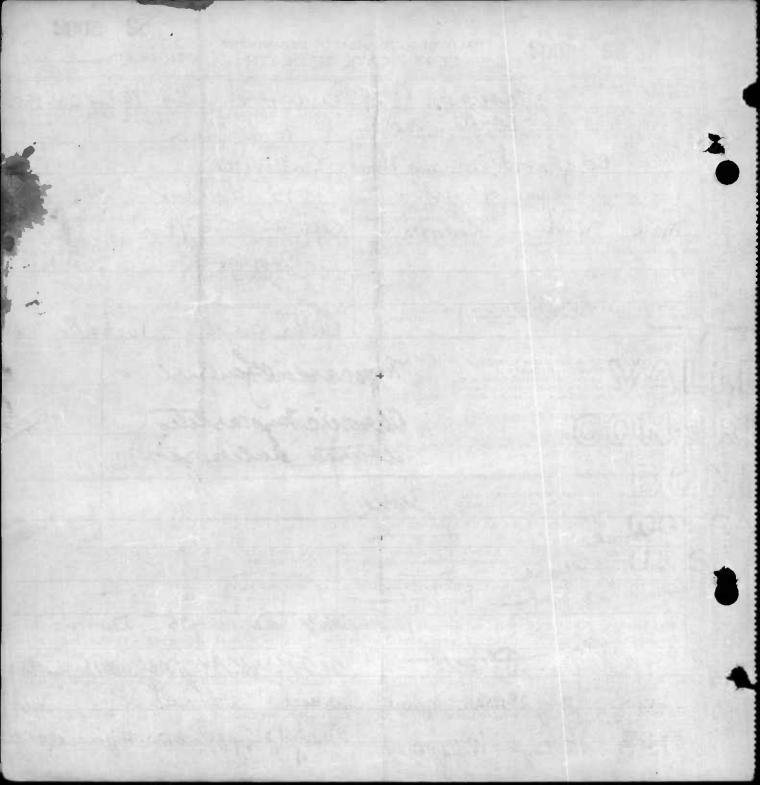
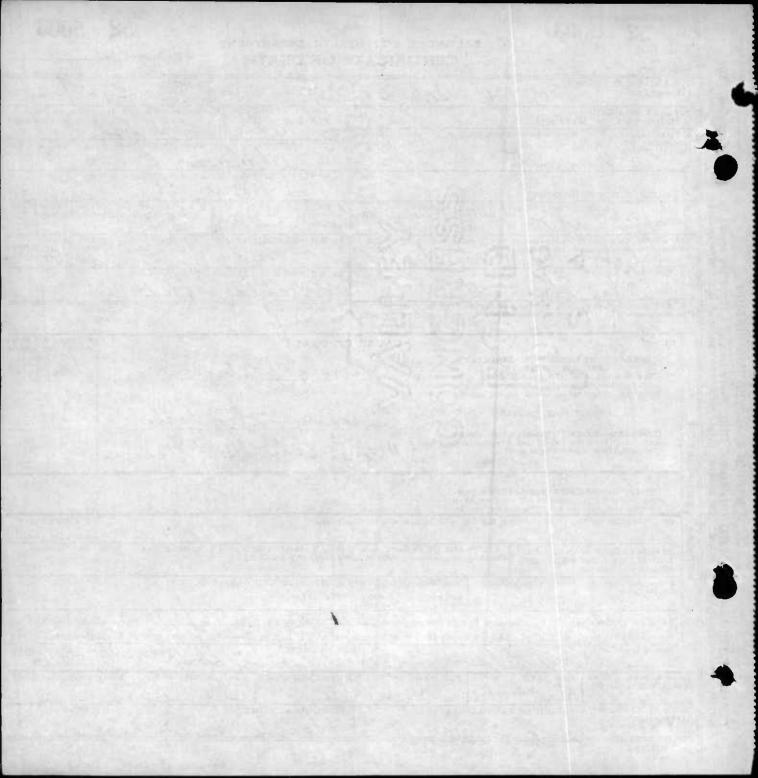


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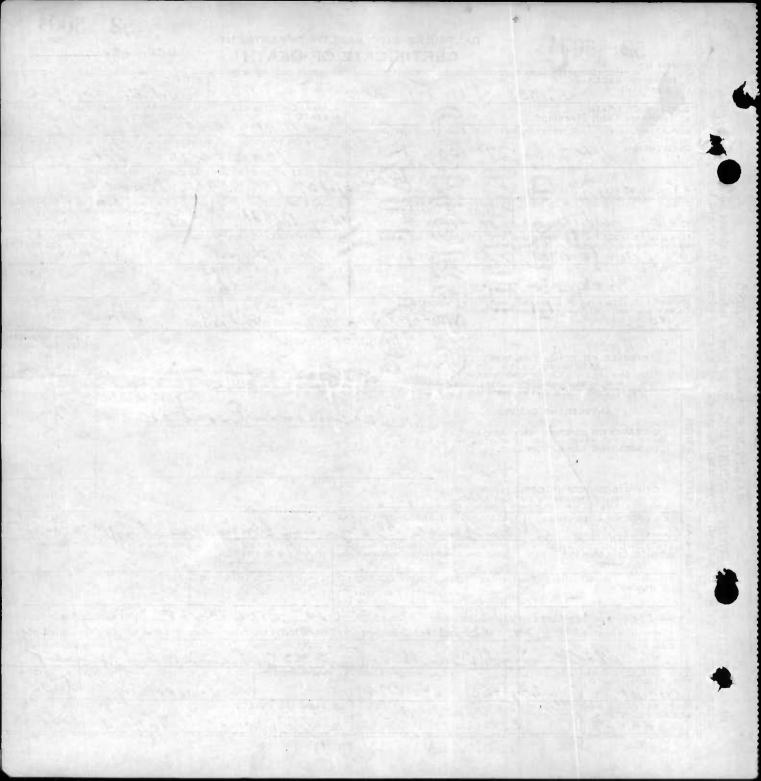
BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

5004 Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 15 here IAMES DEATH 3. PLACE OF DEATH: (Where deceased lived. If institution: residence A. Baltimore City, Maryland before-admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION IMORE Yrs. (If rural, give location) O. STREET ADDRESS Mos. STREET c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) ff Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. mAle MARRICA 10A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done dorlog most of working life, eyeo if retired. INDUSTRY WHAT COUNTRY ARpenter (Retined 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hARles Elizabexh 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY (Yes, no or unknowo) aport NO 01-8080A MINNIE M. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 4 11 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 216 PLACE OF INJURY (e. s. fo or 21c, NyHERE DID labout home, farm, factory, street, office block, etc.) INJURY OCCUR? HOMICIDE (Specify) (If in Baltimore City kive exact location) 0 u 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! , 1952 to May 25 22. I hereby certify that I attended the deceased from affil 13 , 1922 that I last saw the deceased alive on 24, 1952, and that death occurred at 10-10 Am., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED May 26-5 24A. BURIAL, CREMA-TION, REMOVAL (Specify) (City, town, or county) BURIA 79R

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FUNERAL DIRECTOR

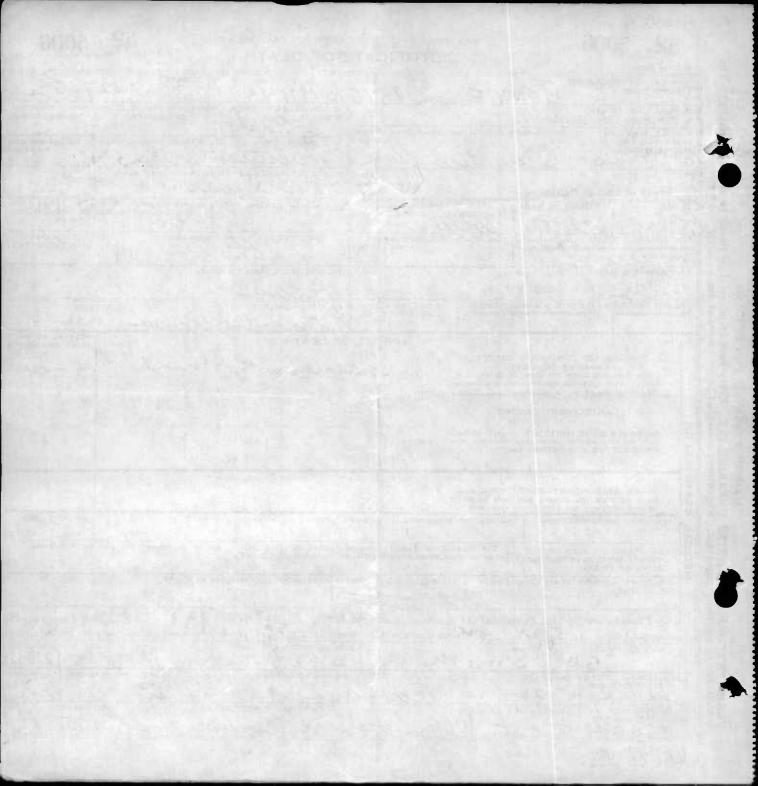


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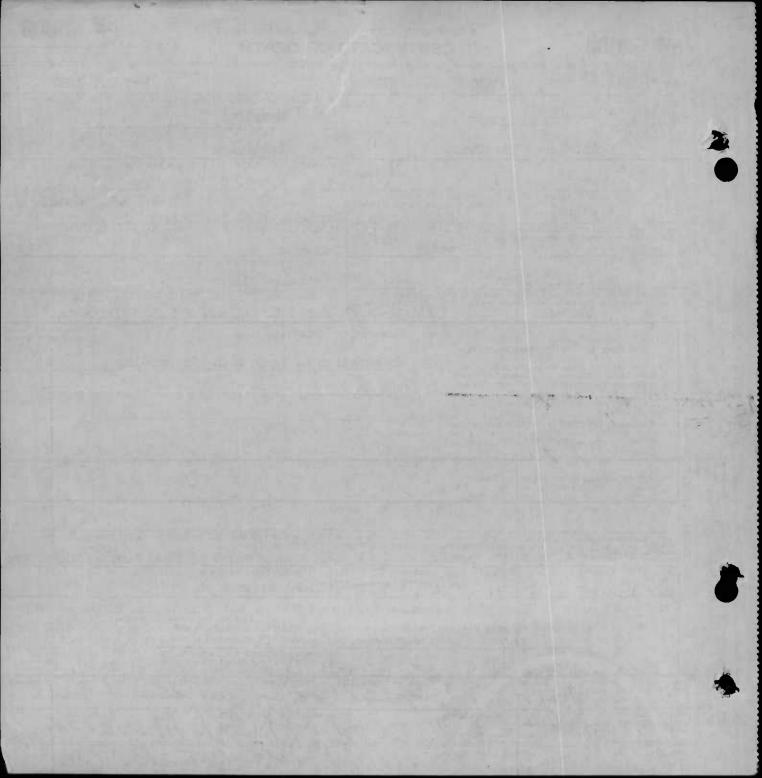


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PLEASE W	D/ LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE	/ A5573	25. FUNERAL DIRECTOR		ADDRESS
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DEATH May 26, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location Calhoun Street 9. AGE (In years) M Linder I Year ff Under 24 Hours last birthday) | Months: Days | Hours : Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Robt. E. Walker. 236 S. Calhoun St. INTERVAL BETWEEN ONSET AND DEATH Laceration of neck with air embolus 20. AUTOPSY (If in Baltimore City, give exact location) 200 yds. south of 2800 block Wilkens Ave thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident [, suicide [] , homicide [X, undetermined [] 23c. DATE SIGNED 27. 1952 ADDRESS



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В	52 5009 IRTH NO.	BALTIMORE CITY HE	E OF DEATH	Registered No	2 5009
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is espe	22. I hereby certify that I attended deceased alive on, 19_23A. SIGNATURE	and that death occur		ay 26, 1932; edanses and on the	
rect 2	4A. BURIAL, CREMA: 24B. DATE ON, REMOVAL (Specify) ATE RECEIVED BY OCAL REGISTRAR COLUMN 28 1952 Turtington	24C. NAME OF CEMETE 2 HOLY REAL	10,011,000	CATION (City, town, or	
	VS 150	2049	5 0 0 6	0	

application of the selection of monitoral muchany loth settlement was : William House hold in 11 mb 72

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

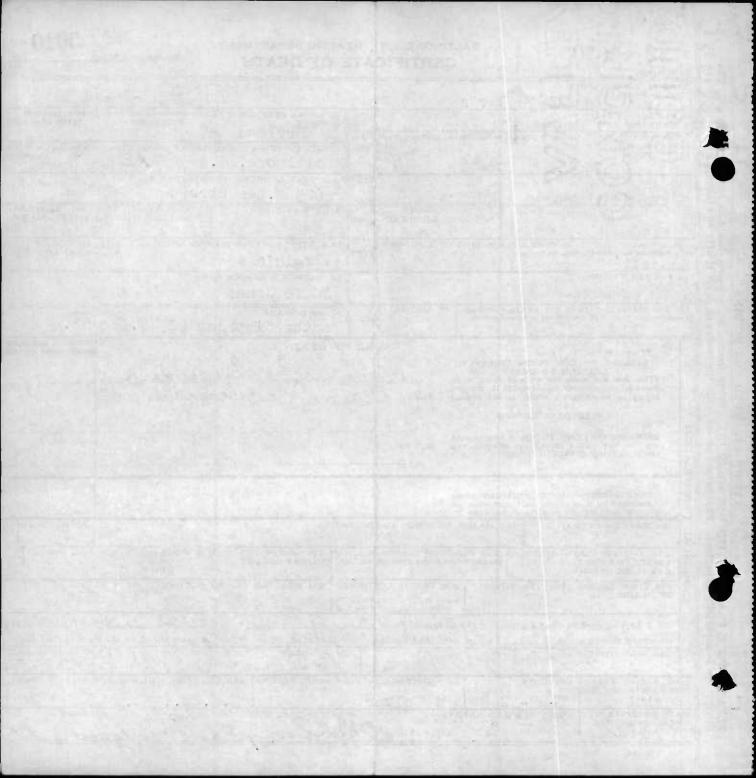
ADDRESS

4. USUAL RESIDENCE (Where deceased lived. If institution : residence

before admission) (If outside corporate limits, write RURAL and give

9. AGE (In years | If Under 1 Year | Il Under 24 Hours | Months Days | Hours | Min. 12. CITIZEN OF

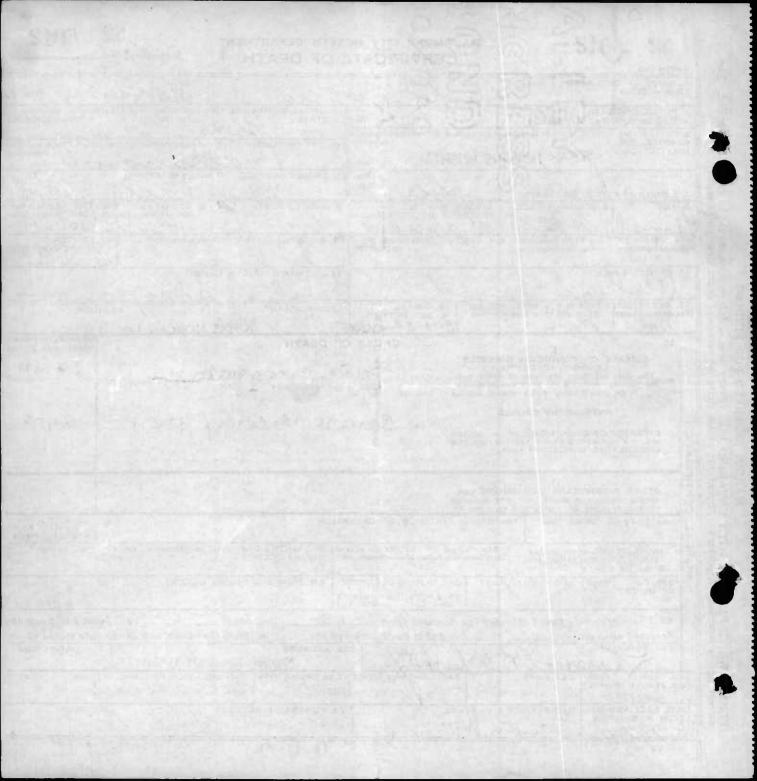
Bertha Simpkins 625 W. Lee St.



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1	200	ave
	EAS	act
	E	Ě

52 50	111		EALTH DEPARTMENT E OF DEATH	Registered	52 5011 No.
1. NAME OF E (Type or Print)		ulah K.Stromyer		2. DATE OF DEATH MA	y 27 1952
a. PLACE OF C	City, Maryland 5	209 Belleville Av		here deceased lived, I B. COUNTY	f institution : residence before admission
HOSPITAL OR	(If not in nospi	location		outside corporate lim	ts, write RURAL and gi
	stay in Baltimore	50 Yrs. Mos. Days	5209 Bellevil	rural, give location)	
5. SEX Female	6. COLOR OR RACE	WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 14 1888	9. AGE (In years last birthday) M	H Under Year H Under 24 Ho onths Days Hours Mi
work done during most	of working life, even if retired	10B. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTR
13. FATHER'S	NAME Frederic	k Baer	14. MOTHER'S MAIDEN NA		
	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL		Pilgrim R	ADDRESS ORO
DISEASE RISE TO UNDERLUMENT OTHER STATEMENT OT	LEADING TO DEA s not mean the mode ure, asthenia, etc. It me, complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	of dying, e. g., ans the disease, caused death.) SES IF ANY, GIVING DUE TO STATING THE OCT. OCT.	tenis clusis	los	3 days
19A. DATE O		198. MAJOR FINDINGS OF OPER			20. AUTOPSY
HOMICIDE	ENT, SUICIDE, (Specify) (Month) (Day) (Year	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,) (Hour) 21E. INJURY OCCURE	etc.) INJURY OCCUR?		give exact location)
deccased a	TURE CREMA- Specify May 30 ED BY REGISTRAR	24c. NAME OF CEMETE 1952 Western 'S SIGNATURE.	rred at 1/50 Am., from the 23B. ADDRESS Edwardson CREMATORY 24D. LC	CATION (Sity, town	23c. DATE SIGNI 5/27/52 n, or county) (State

450° deen ner -The Conflore



M-250 52 5013 BIRTH NO.	BALTIMORE CITY HE		2 5013
Tring on Print	Mead McCann	2. DATE OF DEATH May 2	27, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution : residence before admission)
HOSPITAL OR	nstitution, give street address or location)	Maryland c. CITY OR TOWN (If outside corporate limit	a write PIIDAI, and give
3020 Darby	v Street	Baltimore /3-	- O Stownship)
c. Length of stay in Baltimore 50	Yrs. Mos. Davs	D. STREET ADDRESS (If rural, give location) 3020 Darby Street	
5. SEX 6. COLOR OR RACE 7. SI	INGLE, MARRIED, IDOWED, DIVORCED (Specify) Idower	8. DATE OF BIRTH 9. AGE (In years)	Under Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	P O I III I I I I I I I I I I I I I I I	14. MOTHER'S MAIDEN NAME	
Thomas McCann		Mary Simms	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yee, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT AND	rby Street
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	ig, e.g., (A) Le disease, death.) DUE TO	rebish Chrambosis Terverleiote CUD.	ONSET AND DEATH
NICE TO THE ABOVE CAUSE (A) STATI	NG THE DUE TO	realyed arteronlesses	1 ?
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REPORTED TO THE DISEASE OR CONDITION CAUSE	ELATED		
19A. DATE OF OPERATION 19B. M.	AJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
LYING OR CONTRIBUTING about	B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, a	YES NO Zive exact location)
210. TIME (Month) (Day) (Year) (Hour OF INJURY	m. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I attended		aw 1946 to May 27, 195	,that I last saw the
deceased alive on 5 -26, 19	and that death occur	rred at 8 - A.m., from the causes and on th	he date stated above.
22. I hereby certify that I attended deceased alive on 12 19 23A. SIGNATURE 23A. BURIAL. CREMA, 24B. DATE	Lunauh o. 2	3B. ADDRESS	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town,	
Burial May 29, 195	2 Pine Grove	Baltimere 60. 1	
DATE RECEIVED BY REGISTRAR'S SIG	NATURE,	25. FUNERAL DIRECTOR Burgee Funeral Home 3631 Fa	address
VS 150	and down	Horace F. Burgee	ars nom

Per Charles and Charles and Charles	meson Less es la	
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LOOKENDILL

Registered No. 5-25-5 before admission) (If outside corporate limits, write RURAL and give If Under 1 Year last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? enna ADDRESS Playrers INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

NO

YES

TICULUM (ELL

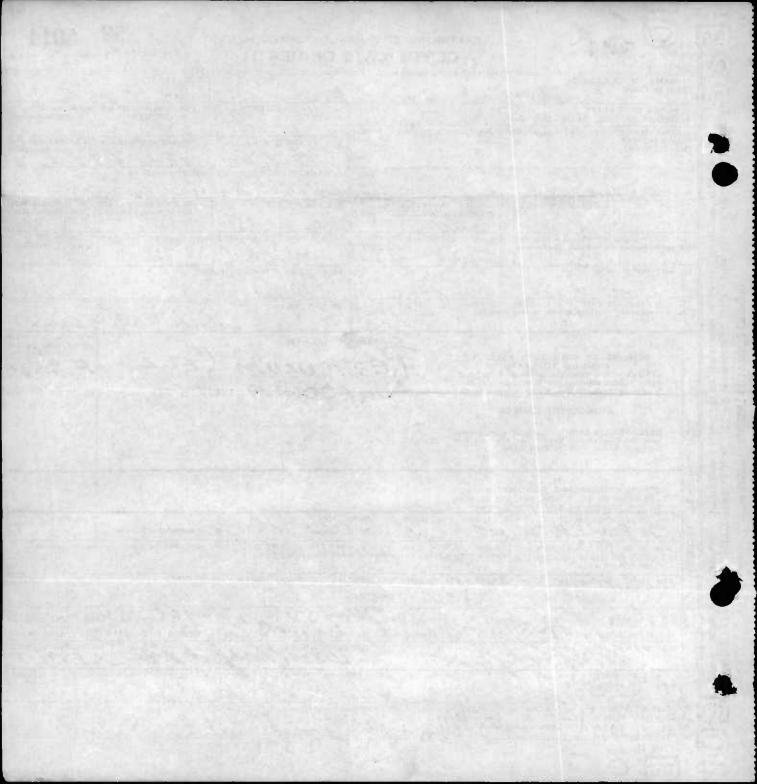
(If in Baltimore City, give exact location)

. 195 that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED

4D. LOCATION (City, town, or county)

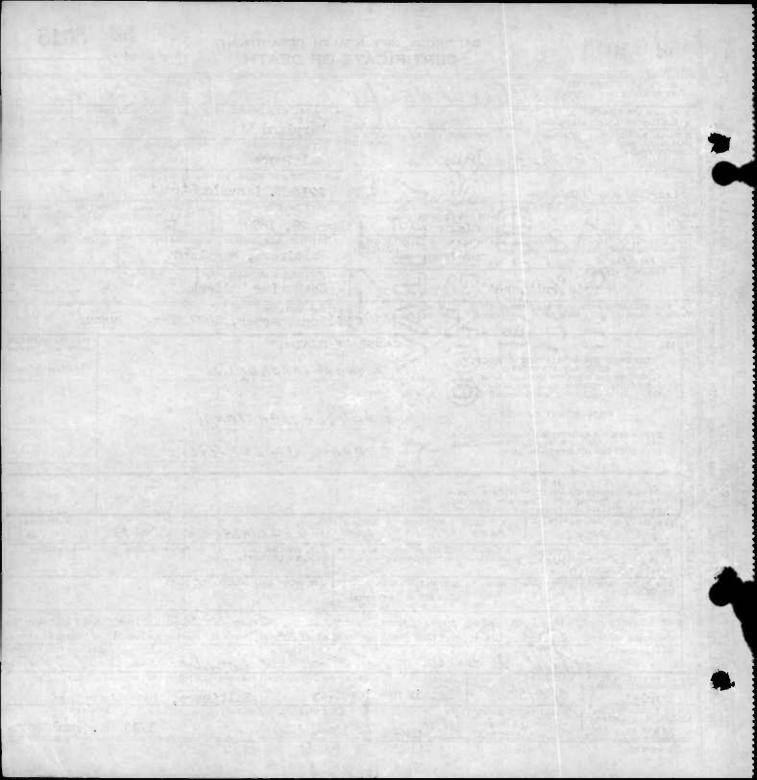
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PLEAS WRITE	correct age

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6	52 56	115	BAI		EALTH DEPARTMEN			5015
ВІ	RTH NO.			CERTIFICAT	E OF DEATH	Regi	stered No.	
(T)	NAME OF D 'ype or Print)	MRS LIN	LiAN	ANELLLO		2. DATE OF DEATH		. 1952
A.	PLACE OF D Baltimore (City, Maryland		ORE MD.	4. USUAL RESIDENCE A. STATE Maryland	(Where deceased B. COU		titution: residence before admission)
H	OSPITAL OR ISTITUTION	Doctors		location)		(If outside corpo	de limitary	vrite RERAL and give township)
		tay in Baltimore		Yrs. Mos. Dnys	2214 E. Lanv			
F	SEX SMALE	6. COLOR OR RACE White	WIDOW	E. MARRIED. VED, DIVORCED (Specify) ************************************	June 29, 1899	last birth		ler I Year If Under 24 Heurs Days Hours Min.
wor	done during most of 645E +1'V			o of Business or INDUSTRY	Baltimore, Ma	aryland	7) 12	2. CITIZEN OF WHAT COUNTRY?
		Morris Pritto			14. MOTHER'S MAIDEN Catherine Wa			
15 (Ye	. WAS DECEASE a, no or nnknown)	ED EVER IN U, S. ARME (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Milton Woerner,	1627 Nor	mal Ave	RESS
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It mes complication which of ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A)	TH of dying, e. 1 ans the discas caused dcath SES F ANY, GIVIN STATING TE	(A) CORO (B) DUE TO (B) GAL	OF DEATH VARY THRONBOS LBLADJER ITC ON. APPEND	WES _		INTERVAL BETWEEN ONSET AND DEATH UNIVATES
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED T				
AL		1952	CHRON.	INFLAMMATIO	RATION OF GALLBLADE	RER & ST	LONES	YES NO
MEDICA		ENT WAS UNDER-	21B. PL/	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	in or 21c. WHERE DID			e exact location)
2	21D. TIME (OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		JRY OCCUR?		
	deceased al	TURE HOW	ended the	and that death occur	au., 1952 to_ rred at_1/30/1m., from 23B. ADDRESS 39 21 Edico	s/26 n the causes a	nd on the	that I last saw the date stated above. 23C. DATE SIGNED
-	burial	5/29/5	2	Baltimore Cen		LOCATION (C		county) / (State)
L.C	MAY 28	RAR REGISTRAR 1952 Hunti	s signatu	Williams, MF	25. FUNERAL DIRECTO			t. Paul Stree
	VS 150	HOLD THE	9 5	Em 12	5 9 1 2			



BINDING

FOR

MARGIN RESERVED

5	2 5016			TIMORE CITY HI		TO 1	52 5016 No. 5016
1.	NAME OF DECE	ASED				2. OATE	
3. A.	PLACE OF OEAT Baltimore City	, Maryland		on, give street address or	A. STATE	DEATH 5- DEATH 5- NCE (Where deceased lived, I B, COUNTY	
H	FULL NAME OF DSPITAL OR STITUTION	14 land G		location)	c. CITY OR TOWN Baltimone	1.3.	its, write RORAL and give township)
c.	Length of stay		44.	Yrs. Mos. Days	701 Lenno:	ss (If rural, give location) x Street	
	emale 6.0	white		. MARRIEO. ED, DIVORCED (Specify) ried	About 1916	About 36	M Under I Year M Under 24 Hours Months Days Hours Min.
worl		PATION (Give kind of rking life, even if retired)	own he	OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAM	liam Crumba	cker		14. MOTHER'S MA	IOEN NAME	
15 (Ye	. WAS DECEASED E	VER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	umbacker, 4205 I	ADDRESS Vanhoe Avenue
RTIFICATION	(This does no heart failure, injury or con AN DISEASES ORISE TO THE UNDERLYIN	OR CONDITION EADING TO DEA's to mean the mode of asthenia, etc. It mes implication which of the condition of the conditions, it above cause (A) G CONDITION LA	TH of dying, e. ; ns the disease caused death SES F ANY, GIVIN STATING TH	(B) Fally (C) Pulm	Liver ?	cirrhosis Serculosis	INTERVAL BETWEEN ONSET AND DEATH
W	TRIBUTING TO	NIFICANT CONDI O THE DEATH, BUT ASE OR CONDITION	NOT RELATE	T			
L C	19a. DATE OF C	OPERATION 1		FINDINGS OF OPE			YES NO
EDICA		CAUSE WAS OR CONTRIB-	about home,	ACE OF INJURY (e. g., farm, factory, street, office hidg.,			, give exact location)
M	21D. TIME (Mo: OF INJURY	nth) (Day) (Year)		21E. INJURY OCCURE WHILE AT WORK AT WORK		INJURY OCCUR?	
	the evider	nce obtained by	ge of the	remains described	Inquiry, find that	Autops, Inspection or Inquiry said deceased died on suicide , homicide ,	the day stated above,
	23A. SIGNATUR	iam Use	will		238. CHIEF ME ASSISTANT ME 1.O. MEDICAL INVE	DICAL EXAMINER D	5-25-52
710 TI	AA. BURTAL, CRE ON, REMOVAL (Spec burial	MA- 248. OATE ify) 5/29/52		Mt. Carmel C		Paltimore,	Mary land
	ATE RECEIVED B	Y REGISTRAR			Wm. 6		ADORESS St. Paul Street

ADORESS St. Paul Street

52

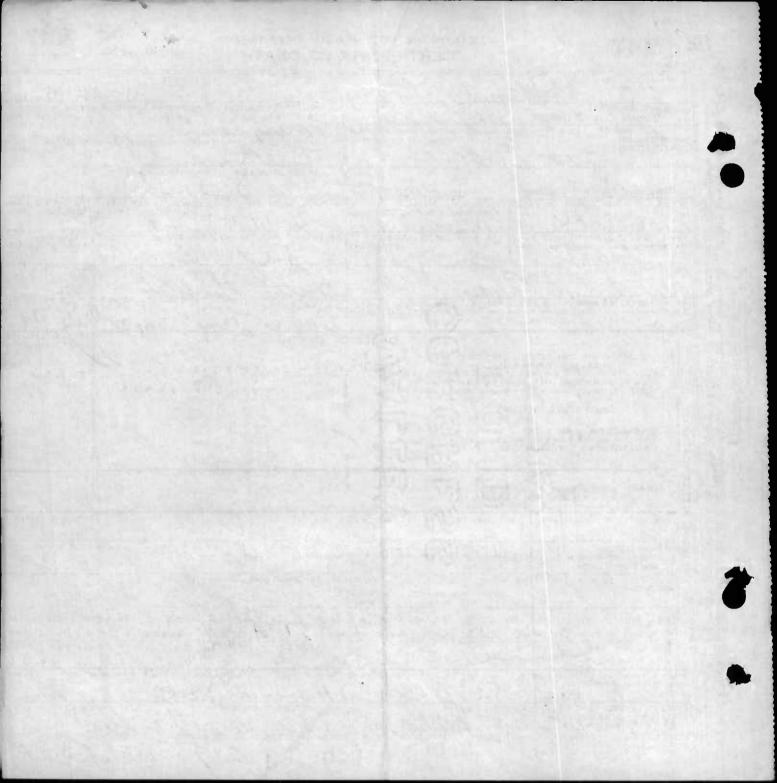
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9)	5017	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	5017
istered No	001

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print)	O. GAR	, .	2. DATE OF DEATH	-24-52.
3. PLACE OF DEATH: A. Baltimore City, Maryland Bal	Timore	4. USUAL RESIDENCE		f institution : residence before admission
B. FULL NAME OF (If not in hospital or insti	tution, give street address of location	C. CITY OR TOWN (I	U	ds, write HURAL and giv
122 6,0	Yrs. Mos.	D. STREET ADDRESS (18	rural, give location	
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SING WIDE	Days GLE, MARRIED, OWED, DIVORCED (Specify	8. DATE OF BIRTH	Q ACE IIN VERTS	H Under 1 Year H Under 24 Hours Onths: Days Hours: Min
10A. USUAL OCCUPATION (Give kind of 10B. KI	ND OF BUSINESS OR	11. BIRTHPLACE (State or f	49	12, CITIZEN OF
work done during matter working life, even if retired) 13. FATHER'S NAME	Senindustry	14. MOTHER'S MAIDEN N	AME	WHAT COUNTRY
William Gary	/	Hattie Ja	ibble	
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Calvan Gar	us 412 avo	a Dale Rd.
18. 42010 DISEASE OR CONDITION DIRECTL		OF DEATH		INTERVAL BETWEE
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., (A) HRTE	RIO-Sclero	Disense	4 yrs
injury or complication which caused de	ath.) DUE TO	Chrone	VISERIC	
DISEASES OR CONDITIONS, IF ANY, GI				
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT REL.	ATED			
19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPE	RATION		20. AUTOPSY?
LYING OR CONTRIBUTING about hor	PLACE OF INJURY (e. g., me, farm, factory, street, office bldg.		If in Baltimore City,	give exact location)
2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURE		Y OCCUR?	
I hereby certify that I attended t	he deceased from 3	27 R. 1957-to	5/24 , 195	7, that I last saw th
decosed alive on S/22, 1952	and that death out	238. ADDRESSO EAST	Tr.	the date stated above
24A. BURIAL, CREMA- 24B. DATE FION, REMOVAL (Specify)	24C. NAME OF GEMET	14. [7]	DEMINON (ODV. tow	n, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAL DOCAL REGISTRAR'S SIGNAL	TURE	25 FUNERAL DIRECTOR	Jack	ADDRESS
LOGAN 28 1952 Huntington	Williams M.	augner	O and	erel
VS 150	9705	90 100 21	76.17	estonox



MARGIN RESERVED FOR BINDING

5018 JL-	124408

BALTIMORE CITY HEALTH DEPARTMENT

5018

BII	5018 RTH NO.	- TC-1100		CERTIFICATI	E OF DEATH	Registered	No
	NAME OF C	Hester Rile	y			2. DATE OF DEATH	19-52
A. B. I	FULL NAME	City, Maryland OF (If not in hospite	al or institut	ion, give street address or	4. USUAL RESIDENCE (If institution: residence before admission
	SPITAL OR STITUTION	4940 Eas Baltimor	tern Av	re. location) Hospitals	Baltimore	5.	nits. Frite RURAL and giv township
		tay in Baltimore	1	Yrs. Mos. Days	D. STREET ADDRESS (III		
Fe	male	Negro	WIDOW Si	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min
10/	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13.	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
15. Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Record	s. 4940 East	ADDRESS
CERTIFICATION	DISEASE RISE TO T UNDERLY OTHER S TRIBUTING TO THE O	re, asthenia, etc. It mean complication which complication which complication which complication which complication which complication with the above cause (A) ying condition has the above cause (A) ying condition has the complication with the complication which complication which complication which complication which complication which complication with the complication	aused death ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(B)	9&S 0		Over 10 yrs
AL A	19A. DATE 0	OF OPERATION 1		rindings of oper ndirect Inguin			20. AUTOPSY?
EDICAL		DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID (If in Baltimore City	, give exact location)
Σ	210, TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	21F, HOW DID INJUR	Y OCCUR?	
1					-8-48, 19, to Me red at 8.50AM, from		
1	23A. SIGNA		Son	2	3B. ADDRESS 4940 Eastern Ave		23c. DATE SIGNED 5-28-52
TIO	N. REMOVAL (S LULA TE RECEIVE MAY 28 VS 150	D BY REGISTRAR	8.1951	Williams My	RY OR PREMATORY 240. L 25. FUNERAL DIRECTOR ACUACU-	tokel. He	ADDRESS/

VS 150

FCCI

DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write RUBAL and give IM SON 9. AGE (In years) If Under 1 Year last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

YES

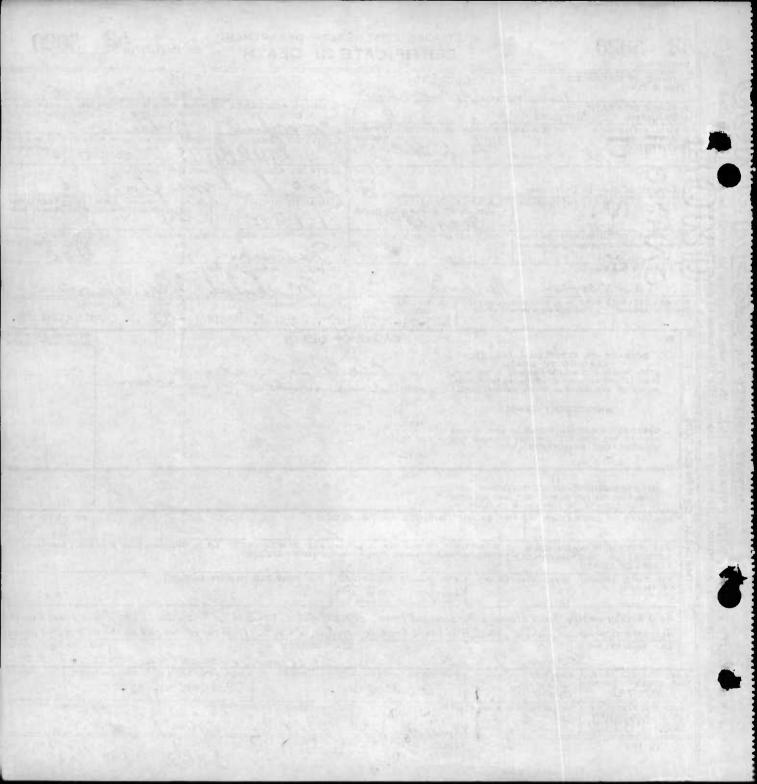
. 195 Cthat I last saw the

ADDRESS

23C DATE SIGNED

1430 4 34 4414 DEAN MASS 14 H 12 14 19 1 2 15 Country Town of all of the second

The	B B	/ 51 CAL	REALTH DEPARTMENT Registered No. 5020
	(T	NAME OF DECEASED Nesbitt ype or Print) PLACE OF DEATH:	2. DATE OF DEATH 5-26-52 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
upplied.	B. H	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address location) SPITAL OR location	A. STATE B. COUNTY before admission Bullenere
ull oly.		ISTITUTION St agnes Horpital	PANNATULLI Catonsville township
on should be c	_	Length of stay in Baltimore Mos	200 L. Symengton ave.
		F. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORSED (Speci	1-13/1908 44
	WOF	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) housewife at home	Kentucky USA
NDING information s of death cle	15	Bersoner Herbet	My held Hender
BINDING of inform uses of dea	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED PORCEST In, no or unknown (If yet, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. John J. Rooney - 200 S. Symington Rd.
RESERVED FOR BINI INK. Every item of in please write the causes	NOI	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Sof DEATH Cheria estance seminated Eleroderma
MARGIN F UNFADING Physicians: p	ERTIFICAT	UNDERLYING CONDITION LAST. (C)	
tri .	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY?
WITH portant.	(EDIC)	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld CAUSE OF DEATH	, in or 21c. WHERE DID (If in Baltimore City, give exact location)
ally im	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCUPOF INJURY MHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WORK NOT WORK	
WRITE PI		deceased alive on May 26, 1952 and that death occ	urred at 9:50 km., from the causes and on the date stated above 238. ADDRESS
WR. age is		Glarge J. Sten M.D.	St. agnes Haspital 5-27-52
A.sect ag	TI	AA. BURIAL, CREMA 248/OATE 24C. NAME OF CEME ON, REMOVAL (Specify) 5/28/52 Fernwood	
PLEA	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR HAY 28 1952 Huntington Williams M.T.	25. EUNERAL DIRECTOR ADDRESS
	-	VS 150	5010 Batto 17 md.



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PL.	especiall
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

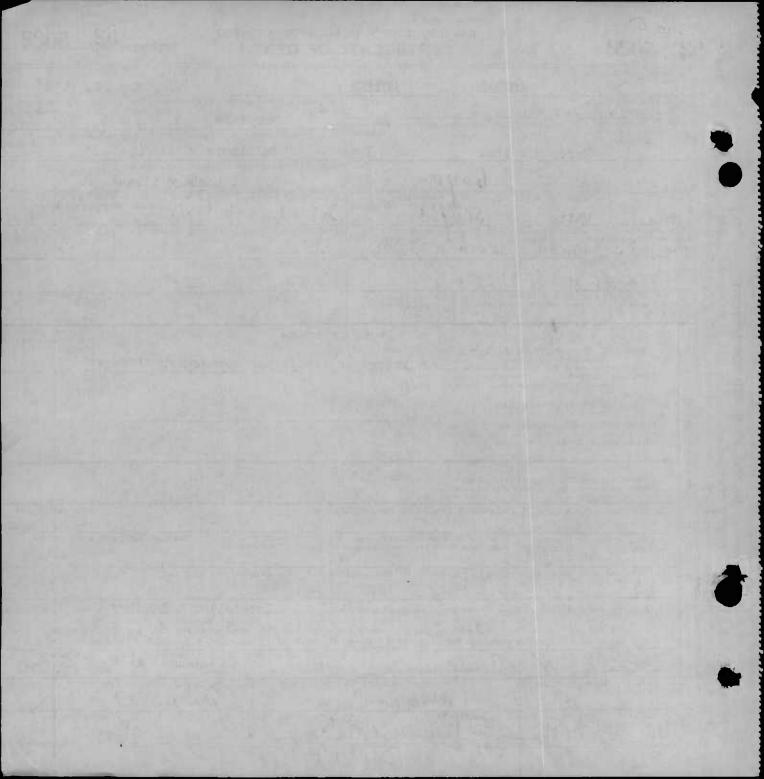
52 5021 Registered No.

1. NAME OF D (Type or Print)	LULU	WINK	LER		2. DATE OF DEATH MAY	25-1952
	City, Maryland	-1 :4:4 - 4		A. STATE	E (Where deceased lived, I. B. COUNTY	
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside cornorate livi	write AURAI and give
INSTITUTION	1300	N. Lor	ngwood St.		CITY /	hownship)
	METERS T		Life Yrs. Mos.		(If rural, give location)	
c. Length of s	tay in Baltimore		Days	1300 N. Lon	gwood Street	
Female	White		E, MARRIED, /ED, DIVORCED (Specify) ried	8. DATE OF BIRTH Aug: 19, 188		onths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
Housewif	•	At I	lome	Baltimore	Maryland	WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MAIDE	NAME	
William	Wellmer			Mary D. Vo	88	
15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
No.	****		None	John G. Wi	nkler1300	N. LongwoodSt
18.420	. 1		CAUSE	OF DEATH		INTERVAL BETWEEN
heart failu injury or DISEASE:	LEADING TO DEAT in the mode of the complication which complication which complication to the complication of the complete	f dying, e. g ng the discas aused death ES FANY, GIVIN STATING TH	e, DUE TO Acti	io seles	nis	
OTHER S TRIBUTING TO THE D	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	CAUSING I	D	ATION		20. AUTOPSY?
21A. ACCID	14576	1 210 01 /	CE OF INJURY (e. g., in	or 21c, WHERE DID	(If in Baltimore City,	YES NO
LYING OF	R CONTRIBUTING		arm, factory, street, office bldg., e		(II in Daitimore City,	give exact location)
OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJ	URY OCCUR?	
22. I hereb	y certify that I att	ended the	deceased from	red all: 30 km, fro	2003 25, 193	, that I last saw the
23A SIGNA		, 190,		38. ADDRESS	the causes and on t	23c. DATE SIGNED
Che	Muly	Suc	M. D. N	303321.0	North 32	5/28/5~
24A. BURIAL	Pecify)	1	24c. NAME OF CEMETER	RY OR CREMATORY 24	LOCATION (City, town	or county) (State)
BURIAL	May 28:	1952 W	ESTERN CEME	TERY B	ALPIMORE MAR	YIAND /
DATE RECEIVE	D BY REGISTRAR			25 FUNERAL DIRECTO		ADDRESS
LOCAL REGIST	952 Huntin	ator 1	Villiana MA	1.00	spart to	Horel
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1	BALTIMORE CITY H	TE OF DEATH Registered No.	5022				
	BIRTH NO. CERTIFICAT	TE OF DEATH Registered No.	JUF Ly				
	1. NAME OF DECEASED (Type or Print) KONRAD HUTTER	2. DATE OF DEATH May 28	. 1952				
	3. PLACE OF DEATH: A Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti					
	B. FULL NAME OF f not in hospital or institution, give street address of	Maryland					
	HOSPITAL OR location	C. CITT ON TOWN (II outside corporate limits, w	nte RURAL and give township)				
	Mercy Hospital	Baltimore D. STREET ADDRESS (If rural, give location)					
	Tours (00105 Mos.	615 E Tamband Street					
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) # Unda	r 1 Year If Under 24 Hours				
1	Male White SINGIE (Specif.	Oct 10, 1879 Position	Days Hours Min.				
	10A. USUAL OCCUPATION (Give kind of More done during most of working life, even if retired) HARM S MARKER COLORS	Y DER MANY	WHAT COUNTRY				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDR	er c s				
	(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	BERKER SENDELLA					
	18. 422./ . CAUSE		INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
	(B)						
	Z DISEASES OR CONDITIONS, IF ANY, GIVING ORISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
- 11	∢ 1 (C)						
	U II						
	OTHER SIGNIFICANT CONDITIONS CON-						
-11	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
			YES NO X				
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.		exact location)				
	Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?					
1	m. WHILE AT NOT WHILE AT WORK						
	22. I certify that I took charge of the remains described	above, held an Inspection & Inquiry th	nereon and from				
	the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the d	ay stated above.				
	and death in my opinion resulted from: natural eause	\square , accident \square , suicide \square , homicide \square , unde	termined .				
	Harley H. Denlachen	Ma. ASSISTANT MEDICAL EXAMINER	y 28, 1952				
	24A. BURIAL, CREMA- 24B. DATE 10N, REMOVAL (Specify) 2/3//32	ERY OR CREMATORY 240 GOCATION (City, town, or co	ounty) (State)				
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1952 Huntington Williams, My	25 FUNERAL DIRECTOR AD	DRESS				
1	V S 151	SID IN 101 Proof Alice	. /				



MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

5023 Registered No.

BI	IRTH NO.	CERTIFICA	TE OF DEATH	Registered .	No.
1. (T	NAME OF DECEASED Type or Print)	lice Taylor		2. DATE OF DEATH	m 27,1952
	PLACE OF DEATH: Baltimore City, Maryland	Jul 4 0	4. USUAL RESIDENCE	CE (Where deceased lived, In B. COUNTY	in triution: residence before admission
	FULL NAME OF (If not in hospit	tal or institution, give street address locatio		(If outside corporate limi	The second second
1N		OPKINS HOSPITAL	10 De	(1) bucside corporate initi	township
-		Yrs	D. STREET ADDRESS		1
	Length of stay in Baltimore	Mos Day	3 3 5 6	ronces &	文.
F	SEX 6. COLOR OR RACE	WIDOWED, DIVORGED (Speci	8. DATE OF BIRTH Dec. 1, 1894	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours onths Days Hours Min
10 worl	A. USUAL OCCUPATION (Give kind of the during most of working life by en if retired)	108. KIND OF BUSINESS OR	South Car	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME		14. MOTHER'S MAID	EN NAME D	
1.00	JURE NO	umders	1 Your	Croally	
(Ye	5. WAS DECEASED EVER IN U. S. ARME s, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT		SPITAL
	18. 443X	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION LEADING TO DEA				
	(This does not mean the mode of heart failure, asthenia, etc. It mes	of dying, e.g., (A)	uma		
	injury or complication which	- 11	4 0		
z	ANTECEDENT CAUS	(8) 1746	erlenanie la	dinscular &	kenne
일	DISEASES OR CONDITIONS, I	STATING THE DUE TO			
CA	UNDERLYING CONDITION LA				
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ER	OTHER SIGNIFICANT COND	NOT RELATED			
U	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?
CAL	0				YES NO
MEDIC	21A. ACCIDENT WAS UNDER- LYING□ OR CONTRIBUTING□ CAUSE OF DEATH	218. PLACE OF INJURY (e. g about home, farm, factory, street, office bld			give exact location) '
	21D. TIME (Month) (Day) (Year) OF INJURY) (Hour) 21E. INJURY OCCUF	2000	NJURY OCCUR?	
		m. WORK L AT WOR	<u> </u>	F- 37 F	
	deceased alive on 5-27	tended the deceased from	5 - 9 , 1953		s, that I last saw th
	23A. SIGNATURE	_, 19, and that death occ	ASP ADDRESS		1 230 DATE CICNER
Н	Norman			HOPKINS HOSPITAL	
7 TY	4A. BURIAL, CREMA- DY REMOVAL (Specify)	1952 Dar Sunda	TERY OR CREMATORY 2	Ab. BOCATION (City, Jown	(State)
LC	TE RECEIVED BY RESISTRAN	's signature lington Williams, M	Pare Kette R.	Villiams) &	ADDRESS 327 N
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) -000 DEATH 5- 25-5 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B COUNTY A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C, CITY OR TOWN (If outside corporate limits, write ROLA), and give INSTITUTION PROVIDENT SALTIMORE Yrs D. STREET ADDRESS (If rural, give location) Mos. -AVETTE c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, LIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years If Under I Year last birthday) Months Days Hours Min. SEPARATE 1) UEGRO 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information s of death cle STEUE DORE AROLINA 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME EVANDER LANCHE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. of 18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., UREMIA heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) CONBESTIVE AT FAILURE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARTERIOSCLEROTIE HT DIS. JNFADIN hysicians: OTHER SIGNIFICANT CONDITIONS CON-UNI TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ō about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 1952 to 5-25, 1952 that I last saw the 22. I hereby certify that I attended the deceased from 1-14 deceased alige on 5-24, 1952 and that death occurred at 29 _m., from the causes and on the date stated above. 23A. STGNATURE 244. BURIAL, CREMA 24B. DATE CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR

VS 150

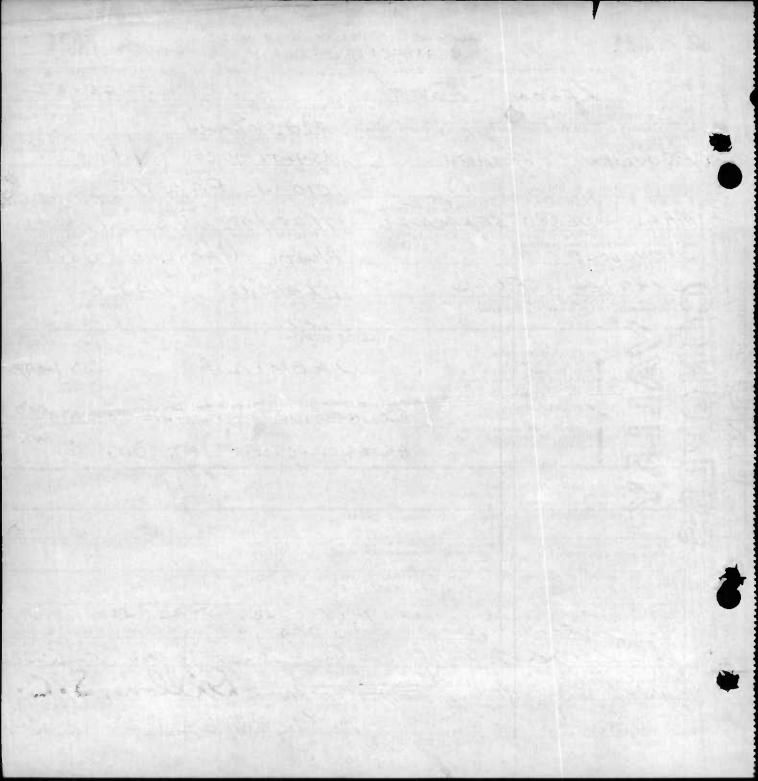
12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

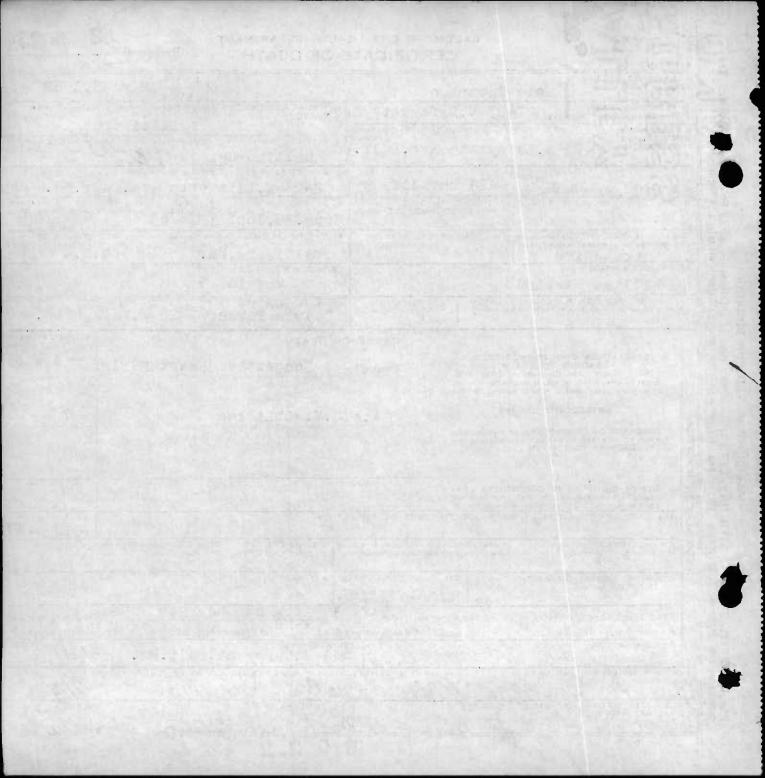


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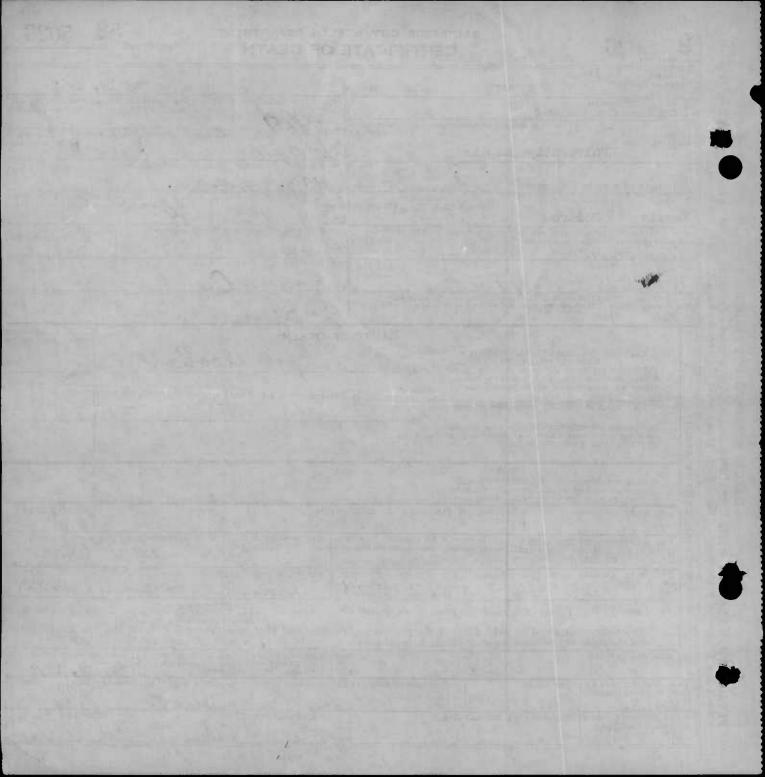
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.	50

BIRTH	10.					
(Type or	Subte				I DEATH	25,1952
3. PLACI	e of DEATH: more City, Maryland 24	+23 W.	Lafayette A	A. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY Baltimo	before admission)
B. FULL HOSPITA INSTITU	AL OR		ion, give street address or location) e Ave.Balt.	c. CITY OR TOWN (If Baltimore	outside corporate limits	s, wife AttRAL and give township)
c. Lengt	th of stay in Baltimore	All	her life Mos. Days	D. STREET ADDRESS (If 2423 W. Lafa)		Balt.Md.
5. SEX	6. COLOR OR RACE	7. SINGLI WIDOW	MARRIED. VED, DIVORCED (Specify)	Dec. 25, 1888	9. AGE (In years last birthday) Mo	Under 1 Year H Under 24 Hours nths Days Hours Min.
work done du	JAL OCCUPATION (Give kind of ring most of working life, eveo if retired) Housewife	IOB, KINE	OF BUSINESS OR INDUSTRY	Baltimore, Mo	d.	12. CITIZEN OF WHAT COUNTRY?
W	illiam Hawkins			14. MOTHER'S MAIDEN N. Maggie	?	
15. WAS I	DECEASED EVER IN U. S. ARMED onknown) (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Calvin Parke:	r 2423 W.La	fayette.
Ne in:	his does not mean the mode of art failure, asthenia, etc. It mea fury or complication which of ANTECEDENT CAUSTINESS OR CONDITIONS, I SE TO THE ABOVE CAUSE (A) NDERLYING CONDITION LA	ns the disease aused death EES F ANY, GIVIE STATING TO	A.H	a & Congestive		?
☐ TR	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
J 19A. I	DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. A	ACCIDENT, SUICIDE, ICIDE (Specify) None	218. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, etreet, office bldg., o		If in Baltimore City, g	rive exact location)
OF II	TIME (Month) (Day) (Year) NJURY	ED 21F, HOW DID INJURY				
deceased alive on May 24, 1952, and that death occurred at 11 Pm., from the causes and on the de						
/	GENTY MC	Dor	M. D.	844 N.Carey St		5/27/52
DATE RE	RIAL CREMA 248 DATE AVAILABEETS REGISTRAR REGISTRAR	1962 s signati	THE WAR OF CEMETE	25. FUNERAL DIRECTOR	CATION City, town,	ADDRESS 32.24
MAY:	28 1952 1 1 m tan	gton /	Villiams, M.P.	Mrs Ketie R. Wi	lliams/	Whoreder St



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MAKGIN RESERVED FOR BINDING	INK.	pecially important. Physicians: please write the causes of death clearly and legibly.	
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70 -000	HEALTH DEPARTMENT	Registered No.	5026
	ROWN 11 4. USUAL RESIDENCE (W	2. DATE OF DEATH May 19,	
INSTITUTION	ress or	B. COUNTY	before admission
c. Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If r. Mos. Days 407 N. Poppleto	n St.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WHOWED, DIVORCED (STORM TO A LOCAL PATION (Give kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (Give kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (Give kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (Give kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (Give kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (Give kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF BUSINESS COLOR OF THE STORM TO A LOCAL PATION (GIVE kind of 108, KIND OF THE STORM TO A LOCAL PATION (GIVE k	UKNE 1922	9. AGE (In years last birthday) Months eign country) 12.	Days Hours Min
work done during most of working life, even if retired) 13. FATHER'S NAME	PINEWOOD S. 14. MOTHER'S MAIDEN NA	C.	WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no openishnown) (If yee, give war or dates of service) SECURITY	NO. PROSTONBRAILT	and addr	ESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)	onethy 1 alc. Poisoning.	ohol	INTERVAL BETWEE ONSET AND DEAT
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			
TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office uning CAUSE OF DEATH. 21B. PLACE OF INJURY about home, farm, factory, etreet, office uning CAUSE OF DEATH. 21B. PLACE OF INJURY about home, farm, factory, etreet, office uning CAUSE OF DEATH. 21B. PLACE OF INJURY about home, farm, factory, etreet, office uning CAUSE OF INJURY OF INJU	ebidg., etc.) INJURY OCCUR	occur?	exact location) home l aledo
22. I certify that I took charge of the remains descrition the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural control of NATURE	bed above, held an Autopsy, I or Inquiry, find that said de	nspection or Inquiry ceased died on the d □, homicide □, unde	hereon and from lay stated above termined ATE SIGNED
William Oxouth	M.D. MEDICAL INVESTIGATE METERY OR CREMATORY 240 by 25. FUNERAL DIRECTOR	CATION (Sity, town, or c	19, 1952
VS 151 N961.0	208A	Mamo sur	veur XI

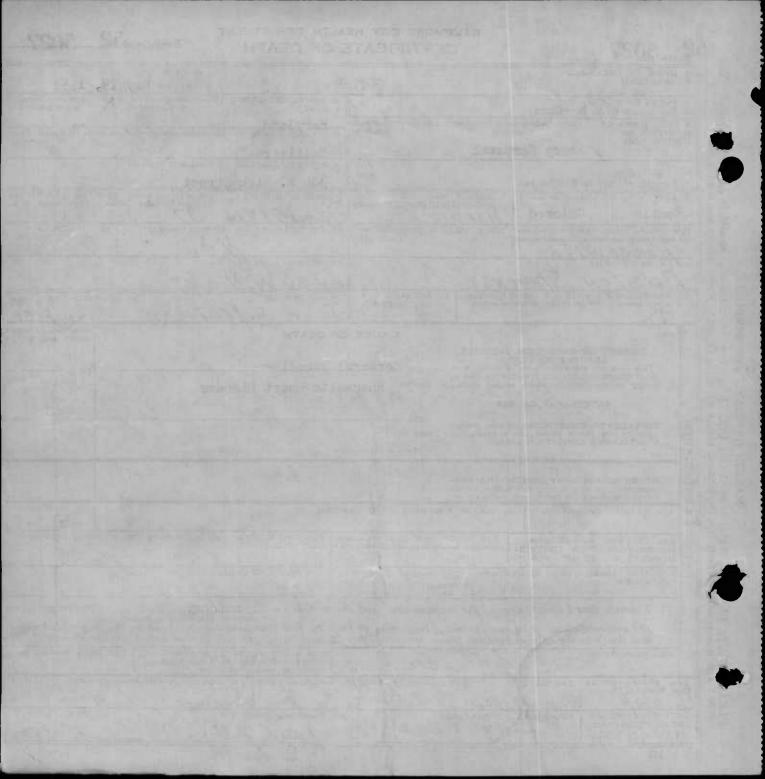


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.	5027
ecgistered aros	The Residence of the Local Division in the L

1. NAME OF DECEASED (Type or Print) LUCY BUTLER 2. DATE OF DEATH May 25, 1952 3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: respectively) B. COUNTY before	esidence
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: real parts of the second sec	esidence
	admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corporate limits, we're RUP)	
Mercy Hospital Baltimore 5	township)
Yrs. D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days 304 N. High Street	
WIDOWED DIVORCED (Specify) last birthday) Months: Days H	Under 24 Hours
remate colored Maringed Dan. 18, 19/8 31	9 9 9
	COUNTRY?
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	u'
Baston Stevens Lucy Williams	V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, pg., runknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS 3	04 NI
No. James M. Butlon Hig	1 35
18. 416 X CAUSE OF DEATH	L BETWEEN
DISEASE OR CONDITION DIRECTLY	ANO OEATH
(This does not mean the mode of dying, e.g., (A)Cerebral Embolism	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Rheumatic Heart Disease	***************************************
ANTECEDENT CAUSES	
(8)	••••••
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST. (C)	• • • • • • • • • • • • • • • • • • • •
(C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATEO	
법 TO THE DISEASE OR CONDITION CAUSING IT.	
⊥ YES X	TOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or lower, farm, factory, atreet, office bldg., etc.) UTING CAUSE OF DEATH. 21C. WHERE DID (If in Baltimore City, give exact loc lower) INJURY OCCUR?	ation)
2 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE NOT WHILE	
m. work AT WORK	
22. I certify that I took charge of the remains described above, held an thereon a Autopsy, Inspection or Inquiry	and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day state and death in my opinion resulted from: natural causes Z, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined	$d \square$.
23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER	NED
24a. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)	(State)
DATE RECEIVED BY REDISTRAY'S SIGNATURE LOCAL REGISTRAY SIGNATURE LOCAL REGISTRAY ADDRESS LOCAL REGISTRAY WILLIAMS M. W. W. A. K. R. W. H. W.	322/K
WAY 28 1952 Walliams Schrocker	



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S.presed	2102	-	1 150 150	i

B1:	EATIN	ATE OF DEATH Registered	d No. 5028
	NAME OF DECEASED (ype or Print) CALVIN JACOB	STEWART 2. DATE OF DEATH Ma	- 26 1002
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	y 26, 1952 If institution: residence before admission
B. HC	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street addrospital OR local local Institution) 2051 Llewelyn Avenue	ess or Maryland	mils, white RURAL and gi
c.	T	Yrs. o. STREET ADDRESS (If rural, give location) Mos. 2051 Llewelyn Avenue	
5.	Male 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S. Sincle	pocify) 8-15-1900 9. AGE (In years last birthday) 51	Months Days Hours Mi
WOL	A. USUAL OCCUPATION (Givekinded 10B. KIND OF BUSINESS Condenduring most of working life, even if retired)	R 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
13	Torah Stewart	Silvia Caldwell	1/
15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? a. no or unknown) (If yes, give war or dates of service) SECURITY N	IT. INFORMANT	ADDRESS
	18. 023X , CAU	9 Vobere Stewart 1743 ASMI SE OF DEATH	INTERVAL BETWE
7	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B)	etic Heart Disease	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)		
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY7
EDICAL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (UNDERLYING OR CONTRIB. about home, farm, factory, street, office UTING CAUSE OF DEATH.		y, give exact location)
ME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC OF INJURY WHILE AT NOT	WHILE VORK	
	22. I certify that I took charge of the remains describe the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural controls.	ocd above, held an inspection & inqui Autopsy, Inspection or Inqui or Inquiry, find that said deceased died on	the day stated abou
	23A. SIGNATURE PArticle	238. CHIEF MEDICAL EXAMINER	23c. DATE SIGNED 5/26/52
S	Nipped 5-28-1952 Redhill Ce	METERY OR CREMATORY 240. LOCATION (City, to) Woodward Source 25 FUNERAL DIRECTOR	wn, or county) (State th Carolina ADDRESS
	MAY 29 1059 Huntington Williams, M.	Kandolph 7. Eollick 14126	Freston St.
V	2. 131 = 0 1007)//	1/

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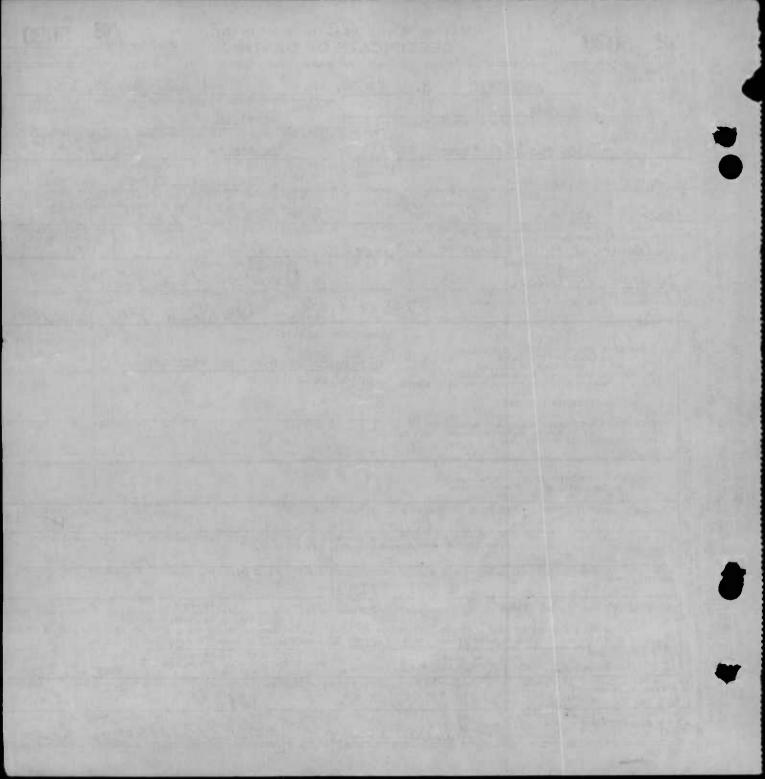
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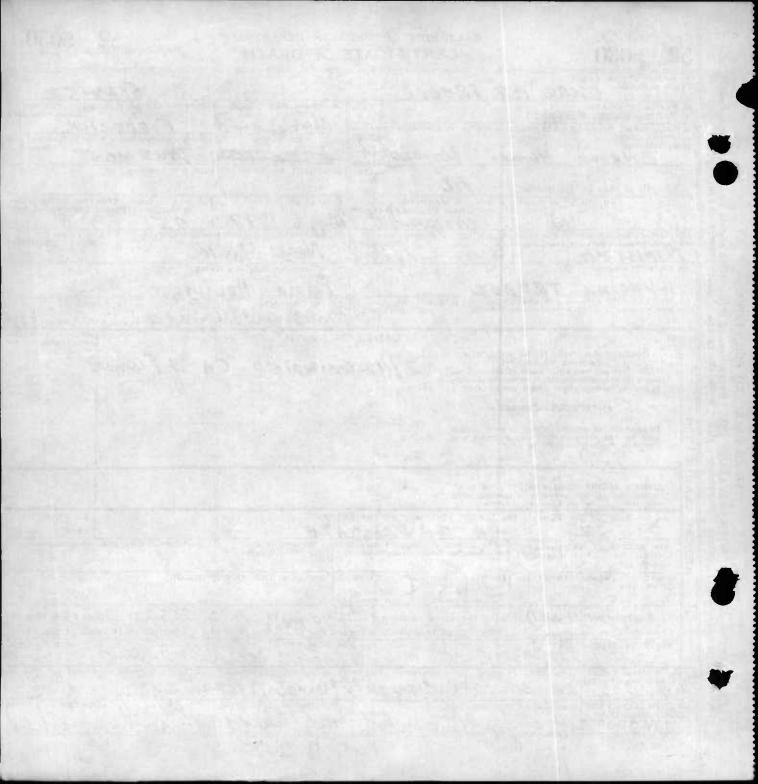
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

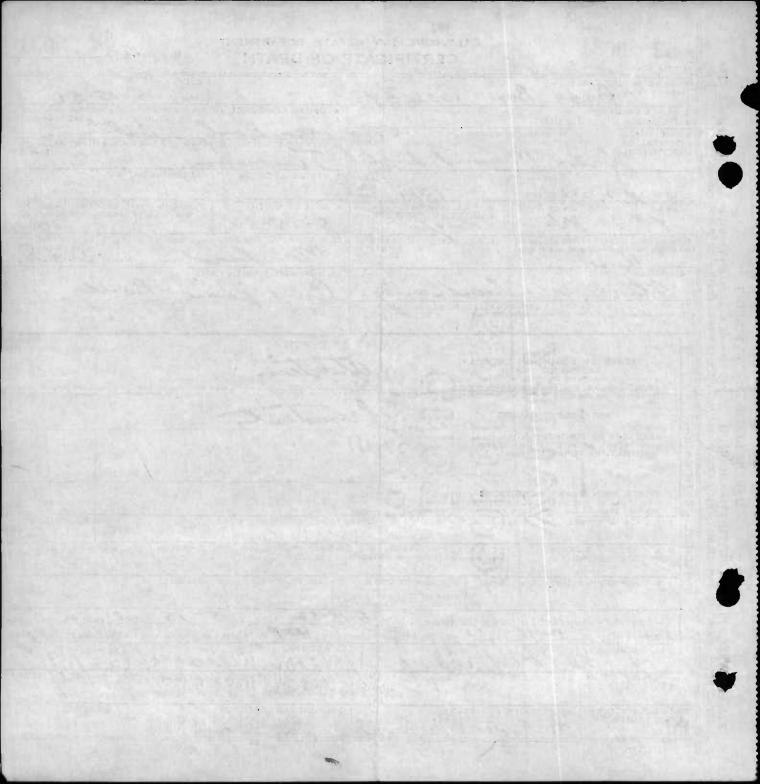
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egistered No	UU/U

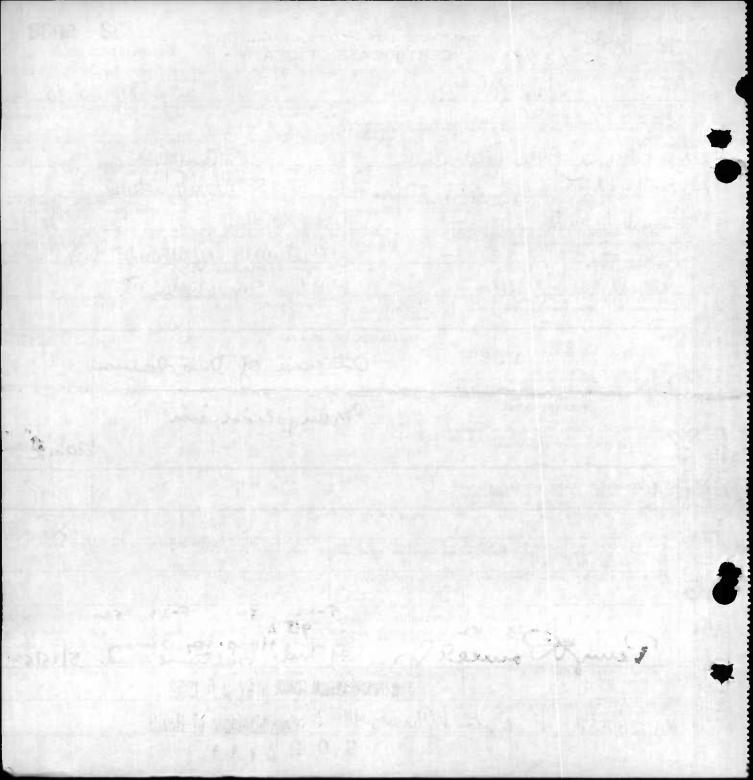
B	BIRTH NO.	L OI DEATH
	. NAME OF DECEASED Type or Print)	2. DATE
	ARMISTEAD H. BUS	SH, SR. OF May 27, 1952
	B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. H	FULL NAME OF I f not in hospital or institution, give street address of dospital or institution.	
	NSTITUTION 1304 Marshall Street	c. CITY OR TOWN (If outside corporate amits write RURAL) and give township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)
C	Length of stay in Baltimore Mos.	120/ Manchall Street
	S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WASOWED, DIVORCED (Specify	B. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
	Male White Manual	MOV. 6,1071 60
1 0 Wor	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rk done during most of worlding life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	Allamseller Waller Michell Dipe	Allingto Walls 48
1,	FATHER'S NAME COVAL	14. WOTHER'S MAIDEN NAME
1	7. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mya peromas
(3	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) 2/0+/0-338	Mildreil M. Bush 1304 Marshall M
		OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
		cinoma of the lung with wide
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)	ead metastases
	ANTECEDENT CAUSES	Device Victorian Victorian
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
NOIT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	A TOWN THE PARTY OF THE RESERVE
CA	(C)	33-55
RTIFI	OTHER SIGNIFICANT CONDITIONS CON-	
ERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
C	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
AL.		YES NO .
EDIC/	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	in or 21C. WHERE DID (If in Baltimore City, give exact location) [NJURY OCCUR?]
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY	
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
	22. I certify that I took charge of the remains described	above, held an Autopsy thereon and from
	the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,
	and death in my opinion resulted from: natural cause	28 K, accident , suicide , homicide , undetermined .
	Lanley J. Wurlachen	238. CHIEF MEDICAL EXAMINER
TI	4A. BUMAL, CREMA- 248 DATE 240 NAME OF CEMETE	
_	Burned May 31,1952 100 0	luck Balo Chas
THE PERSON NAMED IN	GOAL REGISTING	25-FUNERAL DIRECTOR ADDRESS
	S 151	(1/2 1/2 mond of the many
	3 131	





B-)	40	
The	BI	52 5031 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	5031
	1.	NAME OF DECEASED Supplied to Print) BABY BOY BOSLEY. 2. DATE OF DEATH 5-15-	
applied.	A.	PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institu	tion; residence before admission)
	H	OSPITAL OR OSPITAL OSPITAL OR OSPITAL OSPITAL OR OSPITAL OR OSPITAL OSPITAL OSPITAL OR OSPITAL OSPITAL OSPITAL OSPITAL OSPITAL OSPITAL OSPITAL OSPITAL OSPITAL OSPITA	RURAL and give township)
ca legibly.	C.	Length of stay in Baltimore Yrs Mos. D. STREET ADDRESS (If rural, give location)	0.0
ld be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5-/5-52 9. AGE (In years last birthday) Months: I	
on should clearly a		k done during most of working life, even if retired) INDUSTRY 160	TIZEN OF COUNTRY?
G matic eath	13	Stanles Woodward Booles. Ange I were Boole	9
infor	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	SS
very item of ite the causes		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	TERVAL BETWEEN NSET AND DEATH
IN KESEKVED NG INK. Ever is: please write	U	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
MARGIN UNFADING Physicians:	ERTIF		
ht .	AL C	19a DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
, WITI	EDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give examples of the bldg, etc.) INJURY OCCUR?	act location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT NOT WHILE AT WORK	
TE PL.			t I last saw the
WRITE age is esp		23A, SIGNATURE CHILD WILLEY D. M. D. 111100 Ullingual 235	-1/9/32
PLEAS correct ag	_	JOHN HOPKINS MEDICAL SCHOOL MAY 2 6 1952	1
PLEAS	1	ACAL RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADD	RESS
		VS 150	





52 5033

is especially important. Physicians: please write the causes of death clearly and ribly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

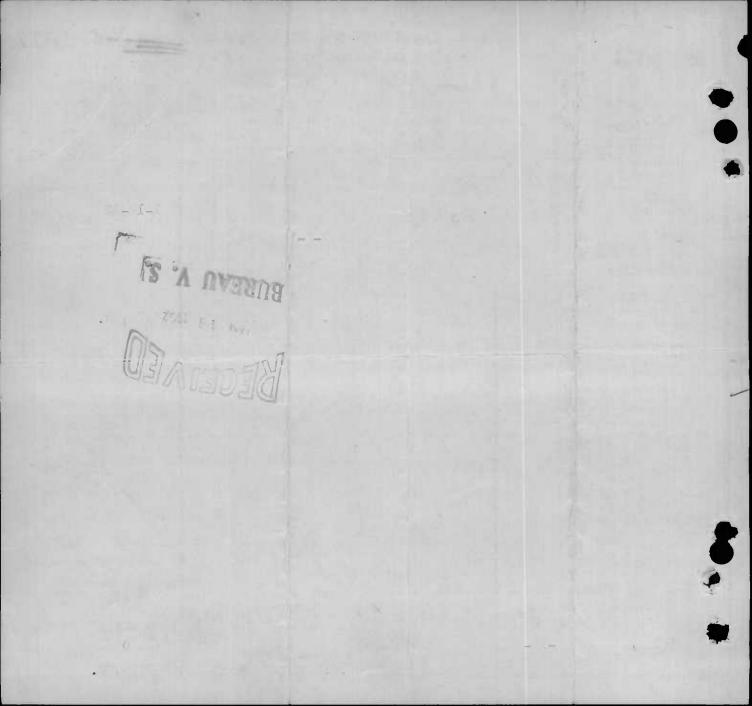
CERTIFICATE OF DEATH

254-52

5033

eg. Dist. No. 30

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY Maryland Howard			
CITY (if outside corporate limits, write RURAL and OR give nearest town) TOWN (atoms wille		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville				
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Hoods Nursi	ing Home	STREET ADDRESS	(If rural, give lo		00 V
3. NAME OF DECEASED (Type or Print)	(First) Dora	(Middle) V. Lauer	(Last)	OF DEATH 1-	12-52	(Year) 19
Female	OLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 11-2-1866	9. AGE last hirthday 85 yrs.	If under f ye Months De	Hours Min.
done during most of working	V (Give kind of work ; life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Ohio			ITIZEN OF WHAT
Blair Hardacre			Eliza J.J	Liffel		
15. Was DECRASED EVER IN (Yes, no, or unknown) (If ye lervice)	es, give war or dates o	None	Mrs.Arthur J.]		le,Md.	
1. DISEASES OR CONDIT	TIONS DIRECTLY	18. MEDICAL CE			In O	NTERVAL BETWEEN NEET AND DEATE
Immediate cau		DEGENERALE Conference	JE GO. K	15 Ease		mar + + + + + + + + + + + + + + + + + + +
Antecedent can Diseases or conditi giving rise to the a stating the underly	ons, if any, (b) bove cause ing cause last	arterio	deleroses		•••••	
11. OTHER SIGNIFICANT Conditions contributing to	the death but not	h.				
19a. DATE OF OPERATIO	ON 19b. MAJOR F	FINDINGS OF OPERATION				O. AUTOPSY1 Yes No
21. ACCIDENT (Sp SUICIDE HOMICIDE	pecify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (C	COUNTY)	(STATE)
TIME (Month) (Day OF INJURY) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?		
22. I hereby certify th	at I attended the	e deceased from 1-2	, 1952, to 1-	12, 1952, that	I last saw	the deceased
alive on SIGNATURE	Lices an	d that death occurred at (Degree or title)	ADDRESS M., from the	e causes and on the	date state	d above. DATE SIGNED
REMOVAL (Specify)	DATE THEREO	NAME OF CEMETE	RY OR CREMATORY	Fletcher, C		(State)
DATE REC'D BY LOCA REG. 1-14-52	L REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR		ADDRESS



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5034
Registered No

В	RTH NO.		•	CERTIFIC	CATE	OF DEATH		Register	eq No	
1.	NAME OF D	ECEASED	E.	/ 100	שמת	D PANGUAL	11	2. DATE OF	OF	3050
	PLACE OF D		SPH FENS	HAW (JUB	CER	E. FAN SHAW			d If institu	1952
A.	Baltimore (City, Maryland				A. STATE Md.		B. COUNT	Y ,	before admission)
	FULL NAME	OF (If not in hospi	tal or institution	on, give street ad	dress or ocation)	c. CITY OR TOWN	(If o	outside corporate	limits, writ	e RURAL and give
II	ISTITUTION	Union Memo:	rial Hos	pital			imore	dusta corporate.		township)
					Yrs.	D. STREET ADDRE		ural, give location	n)	P
C.	Length of s	tay in Baltimore			Mos. Days	7814 D	aniels	Avenue		22119
5.	SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH		9. AGE (In year	Months!	Year If Under 24 Hours Days Hours Min.
	Male	White	Widow		(opening)	Dec;29-188		66		
1 C	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KIND	OF BUSINESS	OR	11. BIRTHPLACE (S	State or for	eign country)		TIZEN OF
	oreman		_	dork & S		Baltimore	•		US	
13	FATHER'S	NAME	Con	M PROD (A		14. MOTHER'S MA	IDEN NA	ME		
C	aleh W.	Fanshaw				Maggie Ann Capps				
15		ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY	17. INFORMANT ADDRESS					
						Mrs Olie	W. Hub	bard W.	Balt	imore ST
	18. F 8	12.4		CA	AUSE (OF DEATH			1	NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY									
	(This doe	LEADING TO DEA s not mean the mode	of dying, e.g	., (A)I	Head :	njury	. 665 884 844. 8			***************************************
		are, asthenia, etc. It me complication which								
		ANTECEDENT CAU	SES							
1	M. Land					ma comminut				***************************************
Ö	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A	STATING TH	E DUE TO	ooth 1	cibias and f	ibulas	5		
AT	UNDERL	YING CONDITION L	AST.	(C)	**********		*************	***************************************		
RTIFICATION		11								
E		SIGNIFICANT COND								
Ш	TO THE DISEASE OR CONDITION CAUSING IT.									
0	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				FOPERA	ATION				20. AUTOPSY?
AL	O. EVTED	LAL CALISE WAS	218 PLA	CE OF INJURY	(e. g., in	or 21c. WHERE D	ID (If	in Baltimore C	ity, give e	xact location)
임	UNDERLYIN	G A OR CONTRIB	about home, fa	flice bldg., et	etc.) INJURY OCCUR?					
ME		Marth (Day)	COLLDDE	Dulaney Valley Rd. 5 3 0 0						
2	21b. TIME (Month) (Day) (Year) (Hour) A 21s. INJURY OCCURR OF INJURY NOT DE 1050 10 EEM WHILE AT NOT WHILE									
	May 25, 1772 12:50 WORK AT WORK A FEGES CITAL SCIUCK DY AUCO.									
	22. I certify that I took charge of the remains described above, held an inspection & inquiry th								ercon and from	
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the d and death in my opinion resulted from: natural causes □, accident ☒, suicide □, homicide □, unde							n the da	y stated above	
	23A. SIGNA	eath in my opinion	resulted fr	rom: natural	causes					TE SIGNED
	237.31917	Olinia 1/	Hay of the	4_	8.4	23B. CHIEF ME ASSISTANT ME D. MEDICAL INVE	EDICAL E	XAMINER	4.6	26. 1952
2	4A. BURIAL.	CREMA- 24B. DATE	1 2	4c. NAME OF C		RY OR CREMATORY				
TI	ON, REMOVAL (S BURIAL		´ +			Cemetery		timore M		_
D	ATE RECEIVE		'S SIGNATIU		CALA	25 FUNERAL DIR		OTHIOI O I		RESS
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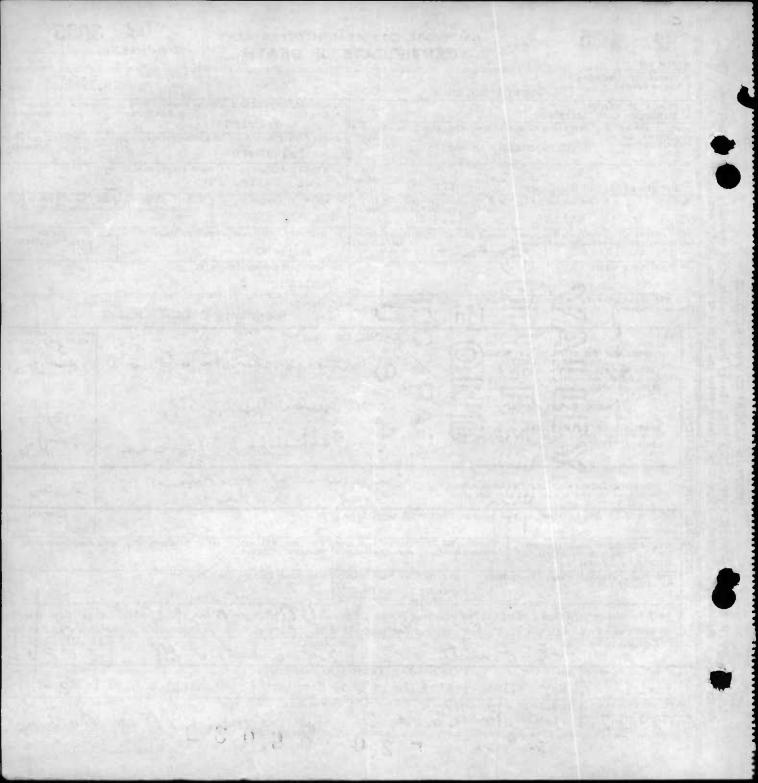
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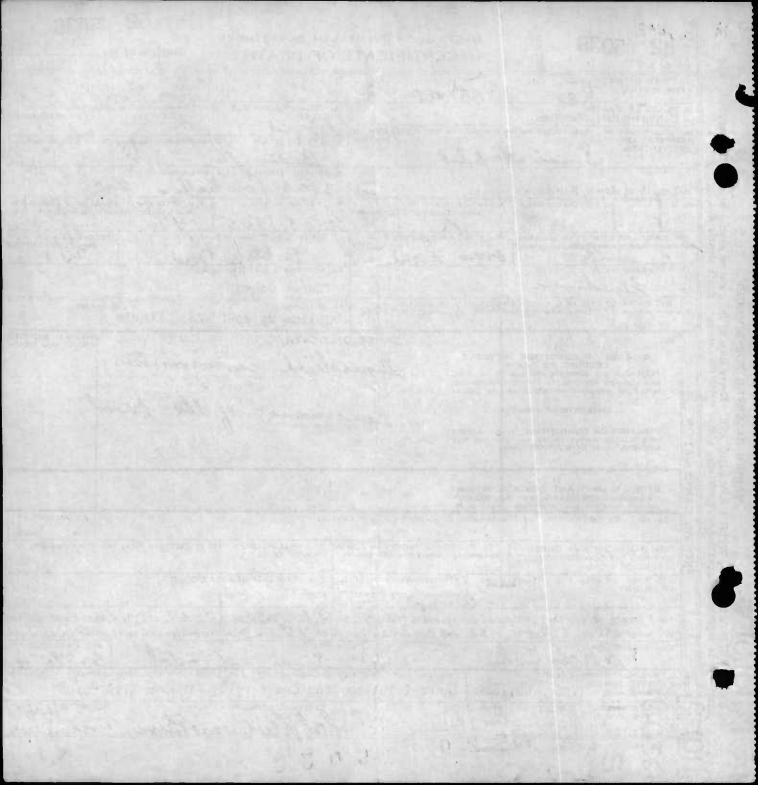
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-01	52 5035 IRTH NO.	CERTIFICATE	E OF DEATH	Registered N	5035	
	NAME OF DECEASED Type or Print) ISTA	el Rosenberg		OF May 2	8,1952	
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution : residence before admiss	
HO	FULL NAME OF (If not in hospital OR NSTITUTION 3706 Norto	al or institution, give street address or location) mia Road				
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2437 Callow Ave			
	Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widpwer	8. DATE OF BIRTH May 30,1874		Under I Year H Under 24	
	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Rag Business	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for England	reign country)	12. CITIZEN OF WHAT COUN	
13	Harris Rosenberg		14. MOTHER'S MAIDEN NAME Gertrude ?			
15 (Yes	5. WAS DECEASED EVER IN U.S. ARMEE ca, no or nnknown) (If yea, giva war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Jesse Rosenberg 2437 Callow Ave			
ATION	injury or complication which complication which complications are conditions, in rise to the above cause (a) underlying condition la	F ANY, GIVING STATING THE DUE TO	Parkinguis	Diseine	550	
()					14-1/	
CERTIFIC	OTHER SIGNIFICANT CONDITRIBUTING TO THE DESEASE OR CONDITION	NOT RELATED 20 //2	t. open a tim	Ru	3 yeu	
CERTIFI	OTHER SIGNIFICANT CONDITIONS TO THE DISEASE OR CONDITION	CAUSING IT.	t. open a tim	R		
ERTIFI	OTHER SIGNIFICANT CONDITRIBUTING TO THE DESEASE OR CONDITION	CAUSING IT.	in or 21c. WHERE DID (I.	f in Baltimore City, g	YES N	
CERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	DOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., etc.)	ED 21F. HOW DID INJURY	OCCUR?	YES Nive exact location	
CERTIFI	OTHER SIGNIFICANT CONDITION INIBUTING TO THE DESASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att deceased alive on Contribution Cause Ca	PART OF THE PROPERTY OF THE PR	in or 21c. WHERE DID (I etc.) INJURY OCCUR? EED 21f. HOW DID INJURY (M. /94719, to 4) Tred at 4 m., from to	occur?	, that I last sa	
MEDICAL CERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I att	OT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., c. (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE AT NOT WHILE AT WORK ended the deceased from 19 Yeard that death occur M. D. 24C. NAME OF CEMETE	in or 21c. WHERE DID (I INJURY OCCUR? EED 21f. HOW DID INJURY Em (94719, to 94 rred at 4 m., from the case of t	occur?	ves Notive exact location t, that I last sa te date stated a 23c. DATE SIG	

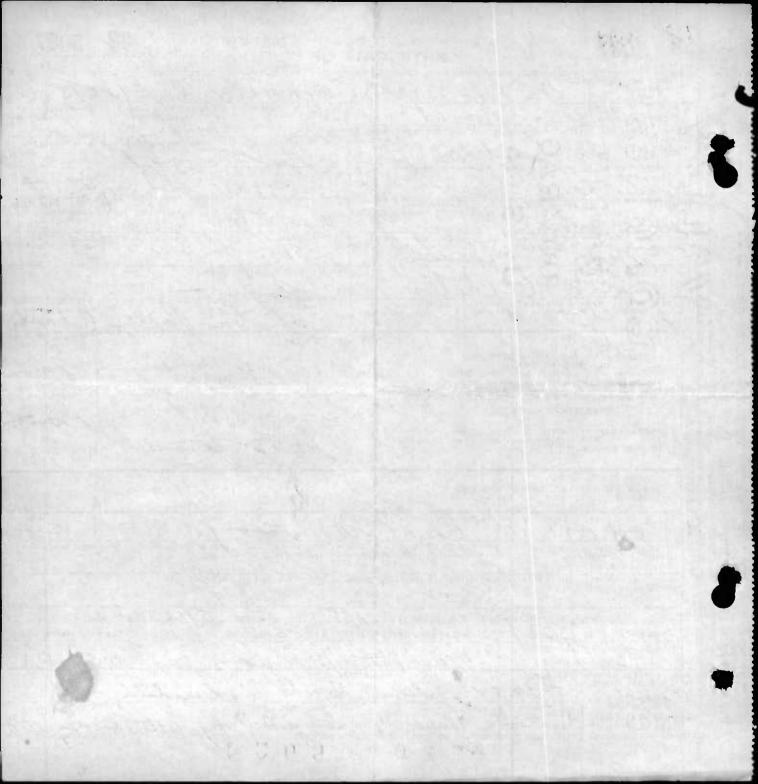


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NO.

1	5037 BALTIMORE CITY HEALT		5037
1	BIRTH NO. CERTIFICATE O	F DEATH REgistered No.	
	1. NAME OF DECEASED (Type or Print) PINTO ON (E	PhaLis 2. DATE OF DEATH 5/26	15)
	A. Baltimore City, Maryland	GUAL RESIDENCE (Where deceased lived, If institu	tion: residence before admission)
II F	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	TY OR TOWN (If outside corporate limits, Fig.	DIRA Palatina
	INSTITUTION MARCHARD & Horo	Bettime of	township)
1		TREET ADDRESS (If rural, give location)	5 00
	c. Length of stay in Baltimore Mos. Days	2037 W. Lexung	a st.
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	last birthday) Months: I	Year H Under 24 Hours Days Hours Min.
1			ITIZEN OF
	operator Chemical	n-9.	HAT COUNTRY?
	13. FATHER'S NAME (M) 14. 1	MOTHER'S MAIDEN NAME	
	15 WEST FOR EACH IN HIS ADVERT PROFEST AS SOCIAL	Unn -	
0	15. WAS DECEASED EX R IN U, S. ARMED ORCES? Yes, no r unknown) (1 yes, give war or dates of service) 17. 1	NFORMAN - to - Paulie (storki
	18. /63 X CAUSE OF E		TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	and the offers	7200
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	aus ray	mos
	injury or complication which caused death.) DUE TO	0.0	
Z	ANTECEDENT CAUSES	erolege	1 nevolt
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	2101	
FICATION	UNDERLYING CONDITION LAST.		
RTIF			
, l	TRIBUTING TO THE DEATH, BUT NOT RELATED		
C	TO THE DISEASE OR CONDITION CAUSING IT.		20, AUTOPSY?
I A	0 6 10 -1 10	Jung.	YES NO
MEDIC	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, evect, office bidg., etc.)	1c. WHERE DID /(If in Baltimore City, give ex NJURY OCCUR?	act location)
1	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 OF INJURY	IF, HOW DID INJURY OCCUR?	
,	m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from		t-I last saw the
	deceased alive on 5,195 Land that death occurred a		
	lutions (. 1/lune 100)	mariland Renting 5	26/52
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR	CREMATORY 240. LOCATION (City, Myn, or cou	hty) (State)
4	Busin 9729-57 Sacred He	with Dundalk,	el.
1	MAY 2005 1992 Huntington Williams, Mr. S.	UNERAL DIRECTOR ADD	RESS
	MINI 23 1302 1 1 minde	orge D. Tale - tetta are	The ITTEST



Junkuglow

B. COUNTY before admission) (If outside corporate limits, write RURAL and give If Under 1 Year If Under 24 Hours last birthday) | Months: Days | Hours: Min. 784CD 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH 20. AUTOPSY

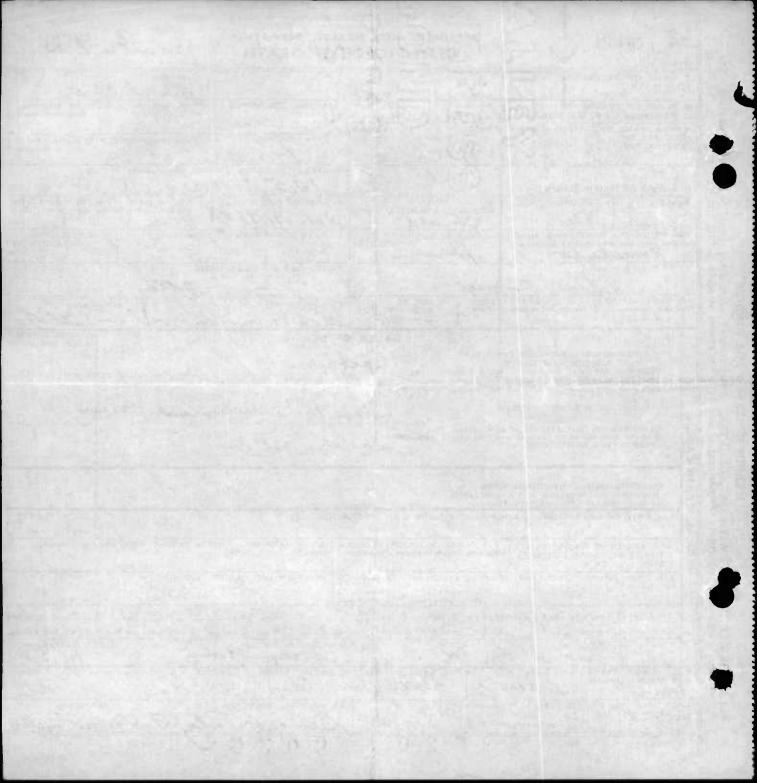
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ADDRESS

23c. DATE/SIGNED

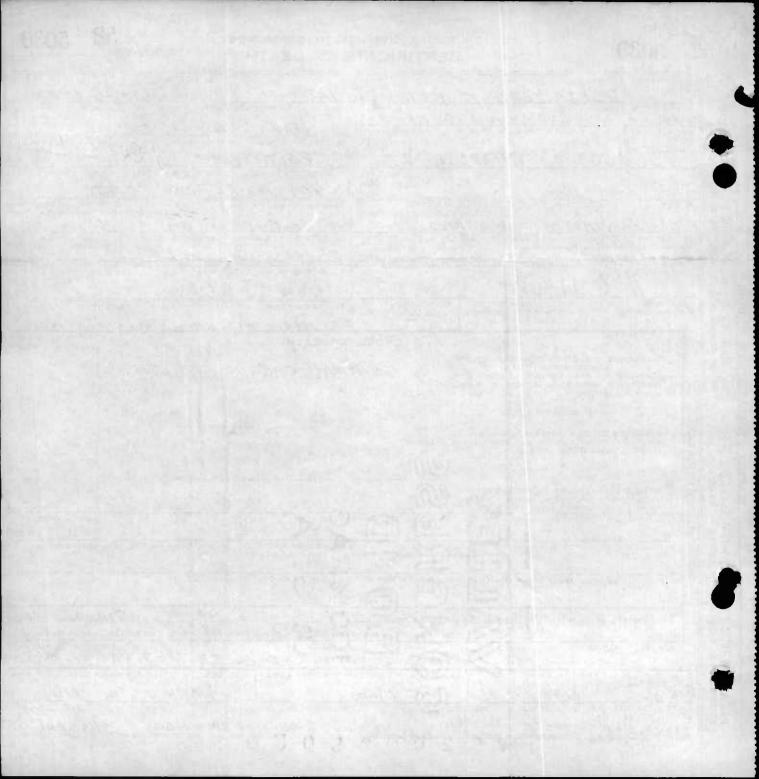
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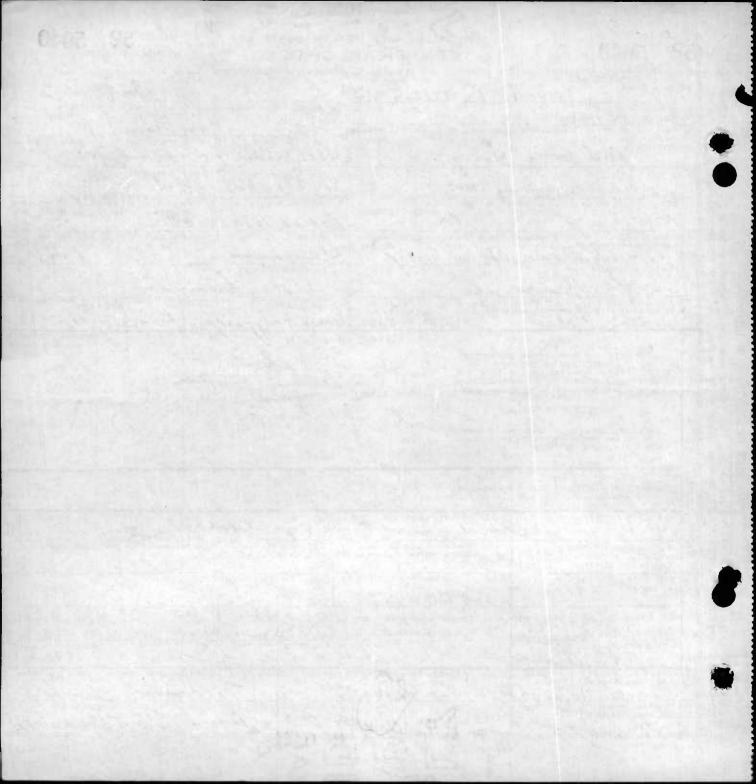
K-5	2 5039 BALTIMORE CITY HEALTH DEPARTMENT OF DEA	
uli supplied. Th	1. NAME OF DECEASED (Type or Print) PUIZABETH H. KINDER VATTE 3. PLACE OF DEATH: A. Baltimore City, Maryland MELCHOR HOME B. FULL NAME OF (If not in hospital or institution, give street address or location) (C. CITY OR TO BALL 2. 327 N. CHARLES ST BAL	SIDENCE (Where deceased lived, Il Institution; residence B. COUNTY before admission) WY LAND OWN (If outside corporate limits, write BUIGAL and give TIMORE
on should be c clearly and lega	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) PEMALE 10A. USUAL OCCUPATION (Give kied of work dooed during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLA 12 PLT 1	last birthday) Months Days Hours Min. 865 CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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I UNFA Physic	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
, WITH	OF INJURY WHILE AT NOT WHILE	
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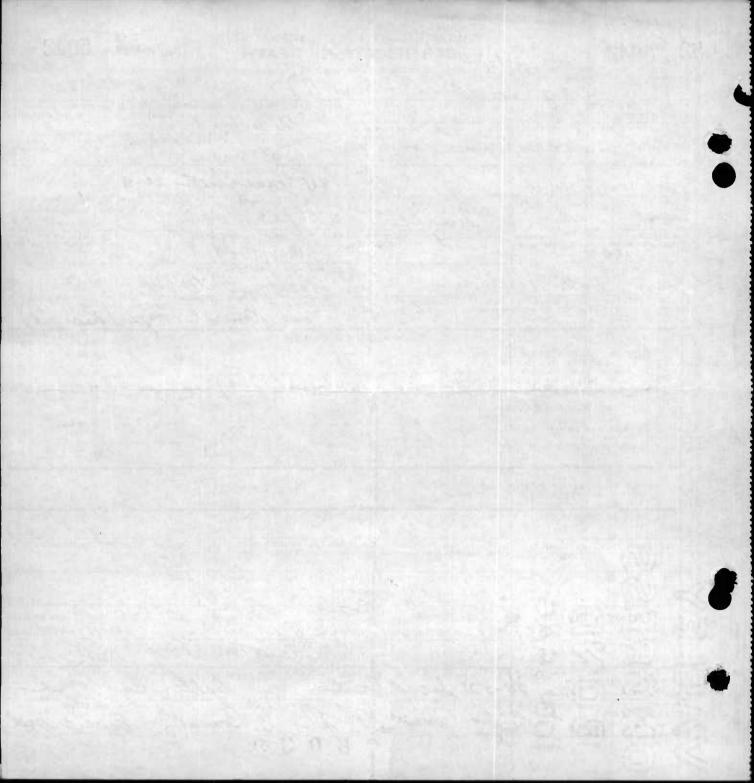
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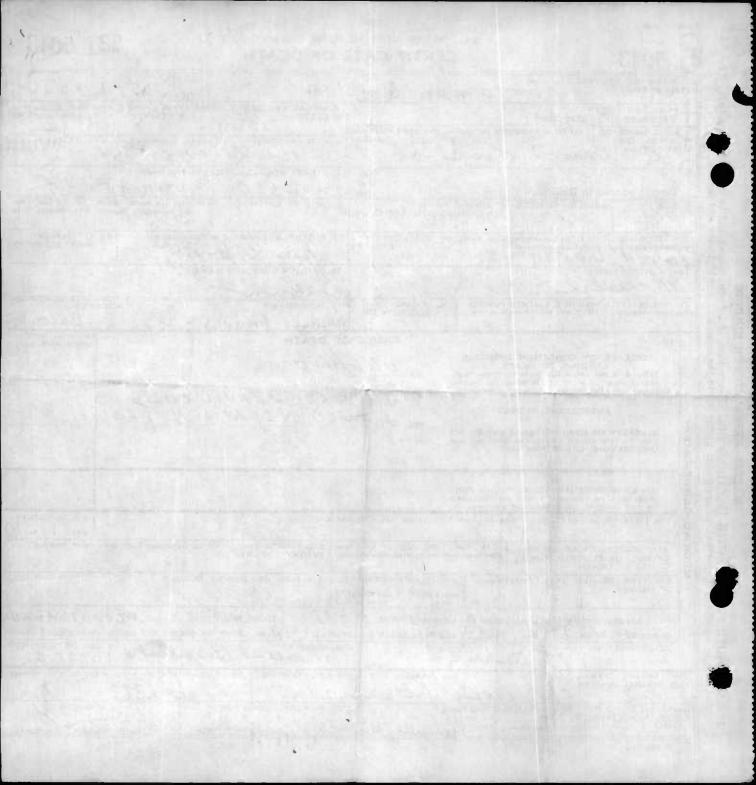
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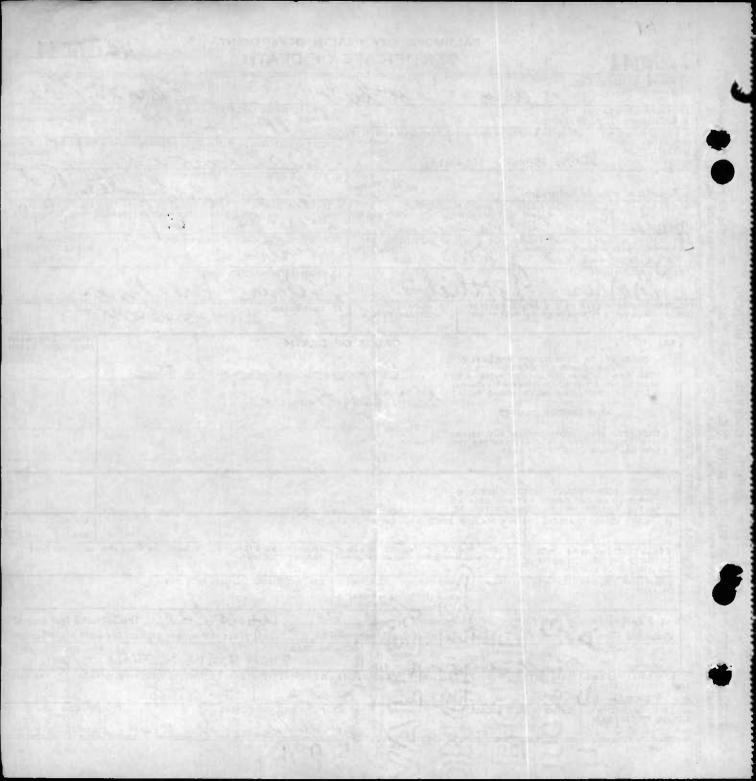
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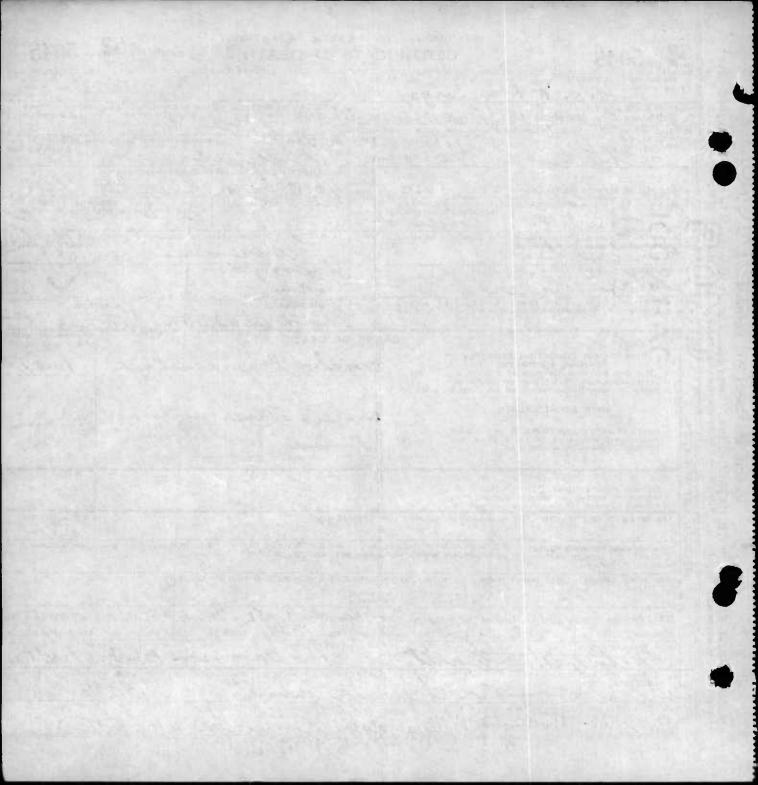


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21	BALTIMORE CITY HE	ALTH DEPARTMENT	Registered No.	5044
BIRTH NO 44	CERTIFICATE	E OF DEATH	Registered No.	. 25 5 4 4
1. NAME OF DECEASED (Type or Print)	ry fottle	il	OF DEAT AND 2	8,195-2
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital)	or institution, give street address or	4. USUAL RESIDENCE (W	There deceased lived. If inst B. COUNTY	itution: residence before admission
HOSPITAL OR INSTITUTION HOPKIN	location)	c. CITY OF TOWN (IF	outside corporate linking, w	file RURAL and giv township
c. Length of stay in Baltimore	Yrs. Mos. Dave	D. STREET ADDRESS (II)	Me heate	r Rd
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2 - /5 - 85	9. AGE (In years If Under last birthday) Month	Year I Under 24 Hours Days Hours Min.
OA. USUAL OCCUPATION (Give kind of lock done doring most of worklog life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME.	Athield (B)	14 MOTHER'S MAIDEN NA	7= 100 / 100	
15. WAS DECEASED EVER IN U. S. ARWED F Yes, no or nokoown) (If yes, give war or dates of	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	HOPKINS HOSPIT	A S
Z O DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST	sed death.) DUE TO LESS (B)	me lyng kemie		
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C	OT RELATED			
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L CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in aboot home, farm, factory, street, office bldg., c		f in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (FOF INJURY	WHILE AT NOT WHILE	21F. HOW DID INJURY	OCCUR?	1
22. I hereby certify that I attendeceased alive on 5/28	nded the deceased from 3/1952, and that death occur	red at 1 05 m. from t	28, 1952the causes and on the	hat I last saw th
anne B. Ma		38. ADDRESS	KINS HOSPITAL	3c. DATE SIGNED
249. BURIAL, CREMA- TION, REMOVAL (Specify)	VZ Detho Ta	FLOOR 240. L	CATION (City, town, or	(State)
	SIGNATURE Volliques Marie	ES. FUNERAL DIRECTOR	k 2100 6	estan Be
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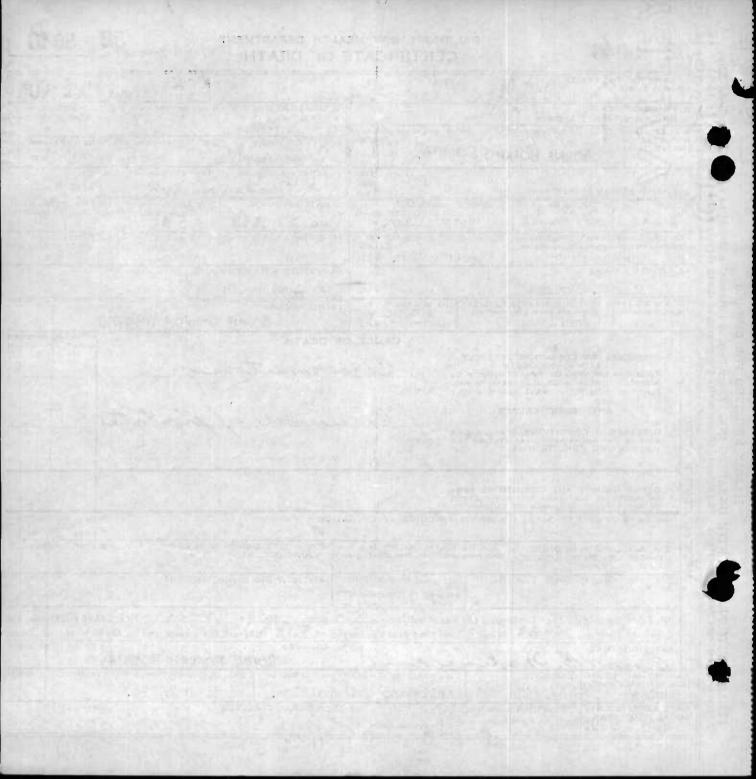
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Je C	5		E OF DEATH	Registered No	5045
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upplied	A.	PLACE OF DEATH: Baltimore City, Maryland 4613 Park Hats are	4. USUAL RESIDENCE (W	ere deceased lived. If institut	ion : residence before admission)
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iny im	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?	
E PL specia		22. I hereby certify that I attended the deceased from deceased alive on May 28, 19. Fand that death occu	arch 9, 1951, to 22	Lay 28, 1952, that	I last saw the
NRITE Ple is especi			3/00 Barry		DATE SIGNED
20	2 T/	AA. BURIAL, CREMA- 24B. DATE 24C/NAME OF CEMETION, REMOVAL (Specify)	FULLISHED,	OCATION (City, toy), or colin	nty) (State)
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	-	VS 150	5012	- 20100 0000	



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		BALTIMOR	E CITY HEA	LTH DEPARTMENT	52	5046
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pplied.		PLACE OF DEATH:	a cra	A HEHAL BESIDENCE (W	DEATH MON	28/1429
lda	Α.	Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE	B. COUNTY	before admission)
9	H	FULL NAME OF (If not in hospital or institution, give so OSPITAL OR ISTITUTION	iocation)	C. CITY OR TOWN (If	outside corporate limits, v	rite RURAL and give
		JOHNS HOPKINS HOSPITAL		amapplie		township)
egne			Yrs. Mos.	D. STREET ADDRESS (If	rural, give iocation)	6210
be c	100000000000000000000000000000000000000	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRI	Days	8. DATE OF BIRTH	9. AGE (In years) If Und	er 1 Year If Under 24 Hours
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Gmat		Walter H. Evans		14 MOTHER'S MAIDEN NA Marv Louise Chew	AME	
for f d	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOC	CIAL	17. INFORMANT	ADD	RESS
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riti s es		deccased alive on 5-38, 1953, and that		ed at 5.13 m., from t) B. ADDRESS		ace stated above.
		anne B. makinick	м. р.		OPKINS HOSPITAL	
t 20	TI	ON REMOVAL (Specify)	gton Nati		OCATION (City, town, or	county) (State)
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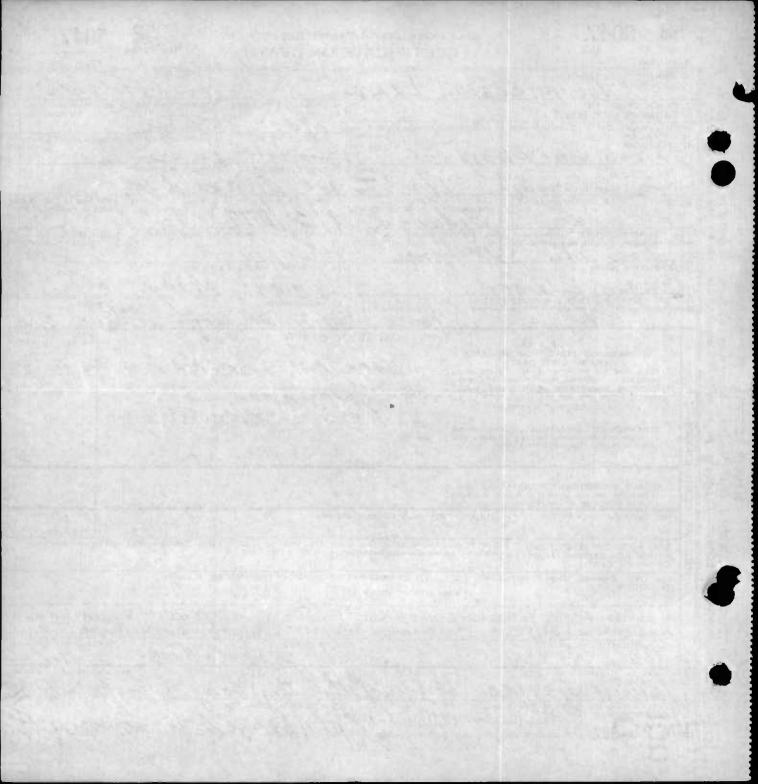


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	EALTH DEPARTMENT	Regis
1. NAME OF DECEASED (Type or Print) NOPPIS, CECILIA LAUYO	L	2. DATE OF DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased B. COU
B. FULL NAME OF (If not in hospital or institution, give street address o		Balto

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9	Registered	No

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) NOPPIS CECILIA LAURO	2. DATE OF DEATH 5/27/5-2
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o	
Church Home & Hospital	township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 9/2 Days	101 Willow # Je.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	8. DATE OF BIRYTH 9. AGÉ (in years it Under l'Year li Under 24 Hours last birthday) Months: Days Hours Min.
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13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leugan, Edward, 15. WAS DICEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Wright, Mary, M&.
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT BADDRESS 4
18. 3 3 1 X . CAUSE	Uniterval Between
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	ebral Vaserlan Hemorrhage 12.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	another is a self
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21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	io or 21C. WHERE DID (If in Baltimore City, give exact location)
2 CYOSE OF BEATH	,etc.) INJURY OCCUR?
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22. I hereby certify that Lattended the deceased from	19, to 15, T9, that I last saw the
	arred at 12 Am., from the causes and on the date stated above.
M.D.	Elierch Homel + Hosps. 5/27/5-2
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OF CREMATORY 24D LOCATION (City, town, or county) (State)
1 Burnal 9/29/52 At Johns	elhole lem. Jong Guen, Dalts. Co., Ma
LOCAL REGISTRAR Turtington Williams M.	25. FUNERAL DIRECTOR ADDRESS
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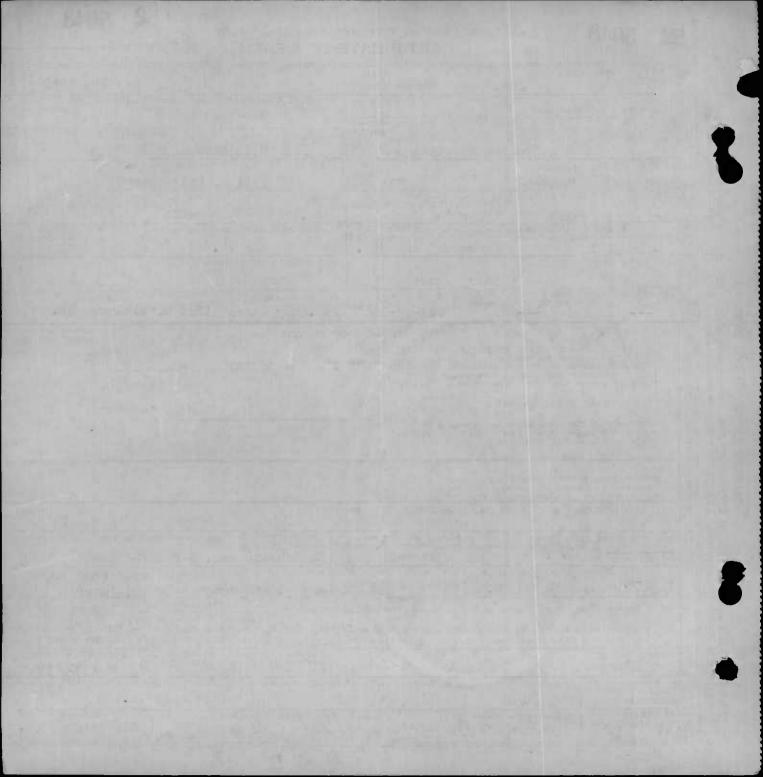
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BALTIMORE CITY HEALTH DEPARTMENT

5048

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JESSE. JAMES. May 29, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) Johns Hopkins Hospital Baltimore Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Baltimore Street Days 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. Oct.1922 white Married male 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Poplar Va. Sparrows Point Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry James Mary Hodge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) 224-24-988 Mrs.Ruby James 1311 E.Baltimore St. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Craniocerebral injury (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death. OUF TO ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, GIVING FICATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT U 19A. DATE OF OPERATION | 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING IT CAUSE OF DEATH. street Chesapeake Ave. & Fourth Street 21F. HOW DID INJURY OCCURSTRUCK Some loose 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED May 27 NOT WHILE WHILE AT 8:50 gravel and motorcycle fell over 22. I certify that I took charge of the remains described above, held an _ autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\bigcap_{\text{accident}}\) \(\bigcup_{\text{N}}\), suicide \(\bigcup_{\text{h}}\), homicide \(\bigcup_{\text{u}}\), undetermined \(\bigcup_{\text{.}}\) 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) White Gate Va. May 30/52 White Gate Cem Removal DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS 2024 Orleans St.



BIRTH NO.

1. NAME OF DECEASED (Type or Print)

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1	My WITH important.
	PLA cially

Α.	3. PLACE OF DEATH: a. Baltimore City, Maryland 3643 Gelston Dr. b. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Institution)						
HO							
c.	Length of s	tay in Baltimore		87 Yrs. Mos. Days	D. STREET ADDRESS (1f run 3643 Gelston		
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
-	Male	White	WIDOW	red, divorced (Specify)	June 2, 1865	last birthday) M	Munder I Year If Under 24 Hours on the Days Hours Min.
10 work	done during most o	CUPATION (Give kind of f working life, even If retired) d Collector		of Business or INDUSTRY Employed	11. BIRTHPLACE (State or fore Baltimore, Md,		12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	IAME		<u> </u>	14. MOTHER'S MAIDEN NAM		
		hn Brooks			Susanna Murray	У	
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEI (If yos, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO	17. INFORMANT S. Helen Brooks Rei	11y 605 Eve	sham Ave
	18. 42:	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	TH.	Chron	e Myreadite		lyw,
	heart failu	not mean the mode o re, asthenia, etc. It mea complication which c	ns the diseas	e,	······································	***************************************	
	ANTECEDENT CAUSES						
TION	DISEASES OR CONDITIONS, IF ANY, GIVING					***************************************	
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
ERTIFIC	TRIBUTING TO THE DEATH, BUT NOT RELATED						
CAL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?	
1EDIC	LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from way 28 1946 to Way 29, 19 That I last saw the deceased alive on May 1, 19 2 and that death occurred at 240 Am., from the causes and on the date stated above.						
	23A. SIGNA	the Spur	rer M	М. р.	3603 Edwardson	are	17/28/12
710	AA. BURIAL, CON, REMOVAL (S Burial	CREMA- 248. DATE 5/30/	/52		ral Cemetery Ba	ltimore, Ma	
D/ L(ATE RECEIVE DCAL REGIST AY 29 19	D BY REGISTRAR'	s signati		25, FUNERAL DIRECTOR W. W. Mears any	Dou 805%	ADDRESS Calvert St.
101	VS 150	0		2011	5016		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

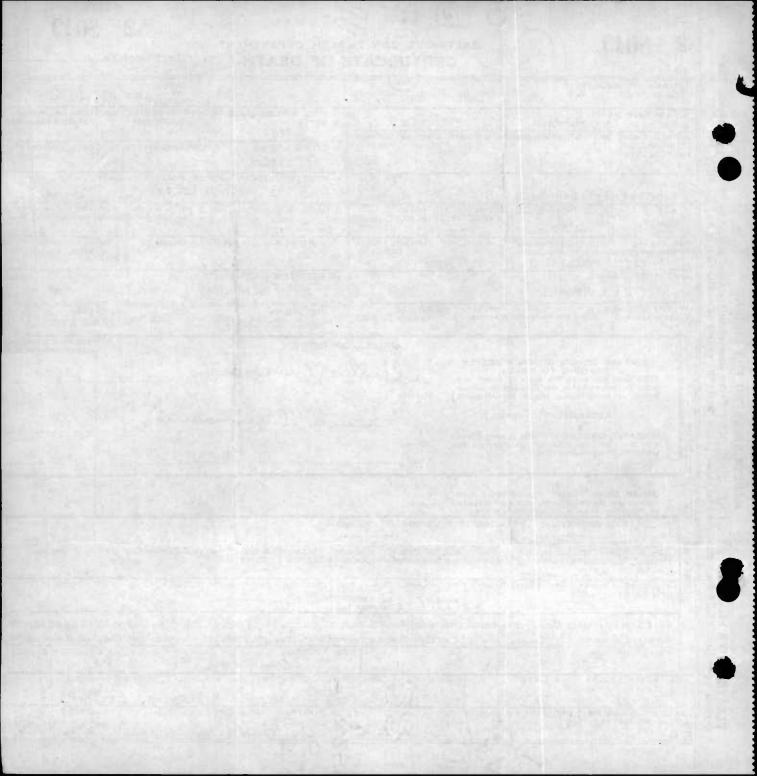
James Vincent Brooks, Sr.

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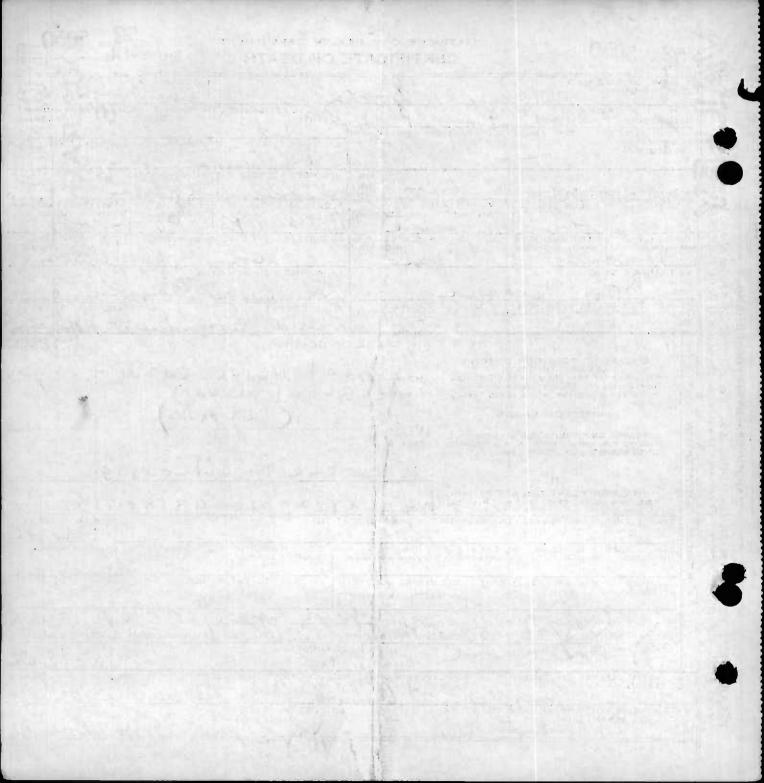
May 28, 1952

Registered No ...

2. DATE OF DEATH



			52 5050
2		EALTH DEPARTMENT	52 5050
	RTH NO. CERTIFICAT	E OF DEATH	Registered No.
-	NAME OF DECEASED		DATE 5 /
(T	ype or Print) Olara R. Smit	th	DEATH May 28,1952
Α.	Baltimore City, Maryland Soft Sauford Place	A. STATE	e deceased lived. If inditution: residence B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		side corporate limits, write RURAL and give
IN	ISTITUTION	Balli	14-12 township
U	L. A Yrs.	D. STREET ADDRESS (I rura	al, give location)
-	Length of stay in Baltimore Mos. Days	584 Sauloro	d Place
7	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		AGE (In years it Under 1 Year it Under 24 Hours last birthday) Months Days Hours Min.
H	A. USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign	80
	A. USUAL OCCUPATION (Give kind of toge during most of working life even if retired) A done during most of working life even if retired) The state of the state		gn country) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	E
	John Rengarld	Minima	Ruggold
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL B. DO OT UDINOWD) (If yos, give war or dates of service) SECURITY NO.	17 INFORMANT	ADDRESS PL
<u> </u>		Lula W. Howar	I dount to 500 Sarford
	18. 442X CAUSE	OF DEATH	INT RVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	+	2-21-11
	(This does not mean the mode of dying, e.g.,	eatensive	
	injury or complication which caused death.) DUE TO	Renal disen	132
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z	ANTECEDENT CAUSES	(urem	12)
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	(urem	12)
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	(urem rterio-sc	
RTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	rterio-sci	ler0315
FICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	eterio-sci etrophic o	lerosis anthritis
L CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	rterio-sci	lerus 15 anthritis 20. AUTOPSY?
AL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (6.5.)	eterio-sci etrophic co RATION (If in	lerosis anthritis
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION	eterio-sci etrophic co RATION (If in	lerosis anthritis 20. AUTOPSY? YES NO
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EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	RATION in or 21c. WHERE DID (If in letc.) INJURY OCCUR?	20. AUTOPSY? YES NO COUR?
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, at reet, office hidg. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY	RTOPHIC ORATION in or 21c. WHERE DID (If in cetc.) INJURY OCCUR? RED 21F. HOW DID INJURY OF THE CONTROL OF TH	20. AUTOPSY? YES NO En Baltimore City, give exact location) CCUR?
EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office hidg., or injury (for injury) 21c. Injury Occurs of Injury (for injury) 21c. Injury	R + e R 10 - 5 C RATION in or 21c. WHERE DID (If in INJURY OCCUR? RED 21f. HOW DID INJURY OF INJURY OF INJURY OCCUR? VIVE 1942 of Interest of Injury of Inju	20. AUTOPSY? YES NO En Baltimore City, give exact location) CCUR? 190
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MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	RTOPHIC ORATION in or 21c. WHERE DID (If in INJURY OCCUR? RED 21f. HOW DID INJURY OF INJURY OF INJURY OCCUR? Tred at 7/3/fm., from the 123 B. ADDRESS	20. AUTOPSY? YES NO Baltimore City, give exact location) CCUR? 190 Anat I last saw th causes and on the date stated above 23c. DATE SIGNED 3 - 28 - 32
O HON MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	RTOPHIC ORATION in or 21c. WHERE DID (If in INJURY OCCUR? RED 21f. HOW DID INJURY OF INJURY OF INJURY OCCUR? Tred at 7/3/fm., from the 123 B. ADDRESS	20. AUTOPSY? YES NO Baltimore City, give exact location) CCUR? 190 Anat I last saw th causes and on the date stated above 23c. DATE SIGNED 3 - 28 - 32
O HON MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 19B, MAJOR FINDI	RATION in or 21c. WHERE DID (If in INJURY OCCUR? RED 21f. HOW DID INJURY OF THE ACT TO THE COMMENT OF THE COM	20. AUTOPSY? VES NO COUR? A Causes and on the date stated above 12. DATE SIGNED ATION (City, town, or county) (State)
O HON MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office hidg. WHILE AT WORK 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURE WHILE AT WORK 22 I hereby certify that I attended the deceased from deceased alive on 2 2 0 , 193 2 and that death occur 23A. BI NATURE 4A. BURIAL, CREMA- ON REMOVAL (Specify) ATE RECEIVED BY: REGISTRAR'S SIGNATURE OCAL REGISTRAR WALLENDOWN MALE.	RATION in or 21c. WHERE DID (If in INJURY OCCUR? RED 21f. HOW DID INJURY OF THE ACT TO THE COMMENT OF THE COM	20. AUTOPSY? VES NO COUR? A Causes and on the date stated above 12. DATE SIGNED ATION (City, town, or county) (State)



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MARGIN RESERVED FOR BINDING PLEAS RITE PL WITH UNFADING correct age is especially important. Physicians: g

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1	BIRTH NO.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1	Registered No.	5051
-		

В	IRTH NO.				2 01 02/1111		OCIOL.
1 (7	NAME OF D Type or Print)	George	STR	ONG		2. DATE OF DEATH 2	8 May 1952
	. PLACE OF D. Baltimore (EATH: City, Maryland	~		4. USUAL RESIDENCE (W		
B. H	FULL NAME OSPITAL OR ISTITUTION		al or instituti	ion, give street address or location)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give		
	Lutheren	- Hospital of	many	land Inc	Coventon		township)
14	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give locatio	n) 5300
	. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. OATE OF BIRTH	9. AGE (ln yea	rs If Under 1 Year It Under 24 Hours
	7	W	VV1DO44	W.	12 April 1875	79	Months Days Hours Min.
wor	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
60	mnissi	ON MOST	P	MINUSTRY TARKET	marylan	ol	U.5A.
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
	V	Wesley.	Stra	KS	Margaret	C. Sla	ted
13 (Ye	5. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			NANZ	Mrs oda Mag	11. 22 1	7 E. Lake Ake
	18. 42	0.1			OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY		1		ONSEI AND DEATH
	(This does	LEADING TO DEAT not mean the mode of	TH of dying, e.g	(A) Myrea	robial infarction	acute	24 hrs
	heart fallu	re, asthenia, etc. It mea	ns the diseas	e.			
	,,,			.)		Harry State of St.	
z	1 - 4 - 4	ANTECEDENT CAUS	ES	Corm	ers exters sul	erris.	Slueral
ATION	DISEASE	S OR CONDITIONS,	F ANY, GIVIN	IG			yeur
A		THE ABOVE CAUSE (A) YING CONDITION LA		E DUE TO			
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RTIF		11	430.55				
Ш	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	D			
U		F OPERATION 1		T. FINOINGS OF OPER	ATION		20. AUTOPSY?
AL			JB. MAJO.		ATTOM		YES NO
EDIC	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA about home, fa	CE OF INJURY (e. g., In arm, factory, street, office bidg., e	o or 21c. WHERE DIO (Injury occur?	f in Baltimore C	City, give exact location)
2	21D. TIME	(Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WRILE AT WORK AT WORK						
							195 Lthat I last saw the
		live on 28 72		deceased from	red at 1:50 Pm., from th	,	
	23A. SIGNA	URE	7 1		3B. AODRESS	A SALES	23c. DATE SIGNEO
		wihim Y	· Rre	ener M. D.	Litheran Ho	protect	18 reg 12
2	4A. BURIAL, (S	CREMA- 24B. DATE	, 2	24c. NAME OF CEMETER	RY OR CREMATORY 24D. LC	CATION (City,	town, or county) (State)
1 1	Buzia	1 5/3/	152	Ebenerer	Meth Cem	7	Balto nd
D	ATE RECEIVE	D BY REGISTRAR	SIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
	OCAL REGIST						
1 3	11 PC YAL		: +	Win	Lassahw Lun	0 1	741 Belon Pd

THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS ATABO BO TO A DESCRIPTION

ASSALA BALTIMORE CITY HEALTH DEPARTMENT Registered No. 505 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 11/4550 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland STATE B. COUNTY (If not in hospital or institution, give street address or OR B. FULL NAME OF HOSPITAL OR location C. CITY OF TOWN (If outside corporate limits write RURAL and give INSTITUTION +: mor D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore 410 Davs should be 9. AGE (In years | If Under I Year | If Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED DATE OF BIRTH WIDOWED, DIVORCED (Specify) oawer and early BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY information s of death cle Mac Ry and Duse wit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yea, no or naknown) (If yea, give was or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO causes Every item 18. CAUSE OF DEATH and DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 24,00065 Cula! ANTECEDENT CAUSES seas e INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ba Na Reive RTI Llites 11 OTHER SIGNIFICANT CONDITIONS CON-1314 TRIBUTING TO THE DEATH, BUT NOT RELATED CEI 20 W C.Z TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. CAI 0 218. PLACE OF INJURY (e.g., in of 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE m. WORK AT WORK 0 (19 22. I hereby certify that I attended the deceased from esp and that death occurred at 5.45 Am., from the causes and on the date stated above. deceased alive on 5/28/52-19 23A. SIGNMTURE 238: ADDRESS 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, wwn, or county) 24B. DATE

S SIGNATURE

REGISTRAR

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FOR

RESERVED

nay regions VS 150

DATE RECEIVED BY

FUNERAL DIRECTOR

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

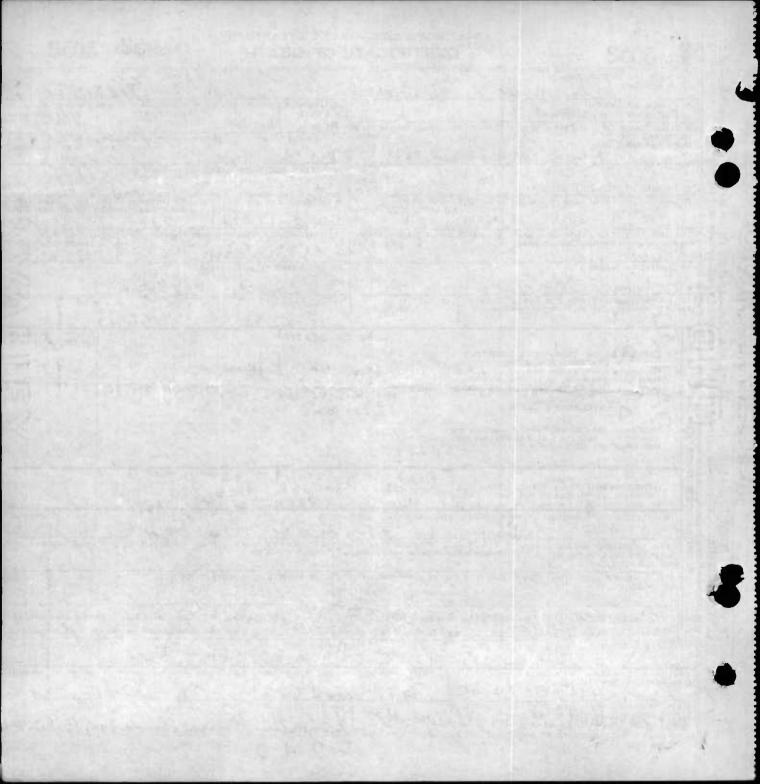
20. AUTOPSY

that I last saw the

23c. DATE SIGNED

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ADDRESS

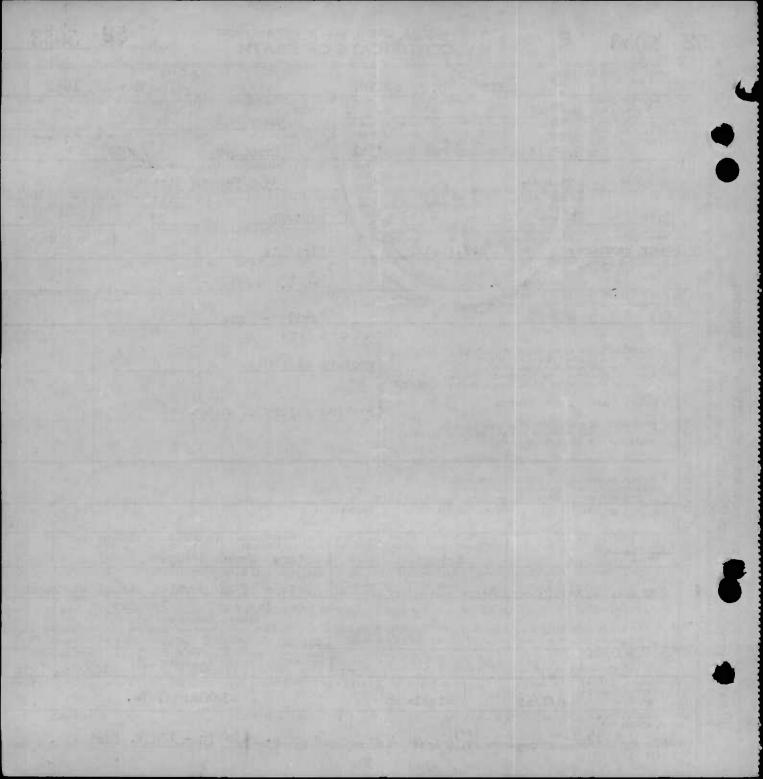


N804,2

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No. 5053

1. NAME OF	DECEASED				2. DATE	
(Type or Prin	11)	ARRY	c. SETTLE		0.5	May 28, 1952
3. PLACE OF				4. USUAL RESID		lived. If institution : residence
B. FULL NA!	e City, Maryland ME OF f not in hospit	al or instituti	on, give street address or	Mar	yland	NIT before admission)
HOSPITAL C			location)	C. CITY OR TOWN	(If outside corpor	ate limit, write HULAL and give
	South Baltime	ore Gene	eral Hospital		oklyn	25 Ttownship)
4			Yrs. Mos.	D. STREET ADDR	ESS (If rural, give loca	ation)
	of stay in Baltimore		Days		O Fourth Street	
5. SEX	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRT	H 9. AGE (ln :	years If Under 1 Year If Under 24 Hours day) Months: Days Hours Min.
Male	White		S	2/27/25	27	
work done during n	OCCUPATION (Give kind of nost of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country,) 12. CITIZEN OF WHAT COUNTRY?
	lammerer	A.S.	Abell	Virginia		
13. FATHER	'S NAME		Newstaper	14. MOTHER'S MA	AIDEN NAME	
	John			Lou O. Ve	rnon	
(Yes, no or unkno	EASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W W #2			Family -	Same	
18. E	819.4		CAUSE	OF DEATH		INTERVAL BETWEEN
DIS	EASE OR CONDITION	DIRECTLY				ones. And Sann
(This	does not mean the mode of	f dying, e.g.		ture of skul	1	
heart f	ailure, asthenia, etc. It mea or complication which o	ns the disease aused death.) XDGXXX			
	ANTECEDENT CAUS	FS				
7				ning injury	of chest	
O RISE T	SES OR CONDITIONS, I	STATING TH	G E DUE TO			
L UNDE	RLYING CONDITION LA	ST.	(C)			
0						
E OTHER	II R SIGNIFICANT CONDI					
TRIBUT	TING TO THE DEATH, BUT E DISEASE OR CONDITION			***************************************		
	E OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
7						YES NO X
21A. EXTI	ERNAL CAUSE WAS (ING A OR CONTRIB- CAUSE OF DEATH.	21B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE D		e City, give exact location)
UTING	CAUSE OF DEATH.	Bı	ridge		Creek Bridge	5200
∑ 210. TIME	E (Month) (Day) (Year)		1E. INJURY OCCURR	ED 21F. HOW DIE	INJURY OCCUR?	
of Injur	8, 1952 5:00		HILE AT NOT WHILE WORK AT WORK	x Driver	of auto which	struck abutment
22. I ce	rtify that I took char	ge of the 1		bove, held an In:	spection & Inc	quiry thereon and from
					Autopsy, Inspection or 1	Inquiry l on the day stated above,
and	death in my opinion	resulted fr	com: natural causes	\Box , accident \boxtimes ,	suicide , homicid	de \square , undetermined \square .
23A. SIG	NATURE /			23B. CHIEF MI	EDICAL EXAMINER	23c. DATE SIGNED
14	Conlay / .	Kh		D. MEDICAL INV	EDICAL EXAMINER	□ May 28, 1952
ZAA. BURIAL TION, REMOVA	L. CREMA- 24B. DATE L (Specify)	2	4c. NAME OF CEMETE	RY OR CREMATORY		
B	6/1/52		Richlands		Richlands,	va.
DATE RECEI		SIGNATUR	RE	25. FUNERAL DIR	ECTOR	ADDRESS
MAY 2	9 19521- 4: 7	- Wi	1: MEZ	James L. 1	McCully - I30	E. Fort Ave.
V S 151		on PYIL	LAWY, NY	5 0 5	0	
, -, -, 1	A		. 1 . 1 3 / 6/2			/4//



before admission)

12. CITIZEN OF

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WHAT COUNTRY

ONSET AND DEATH

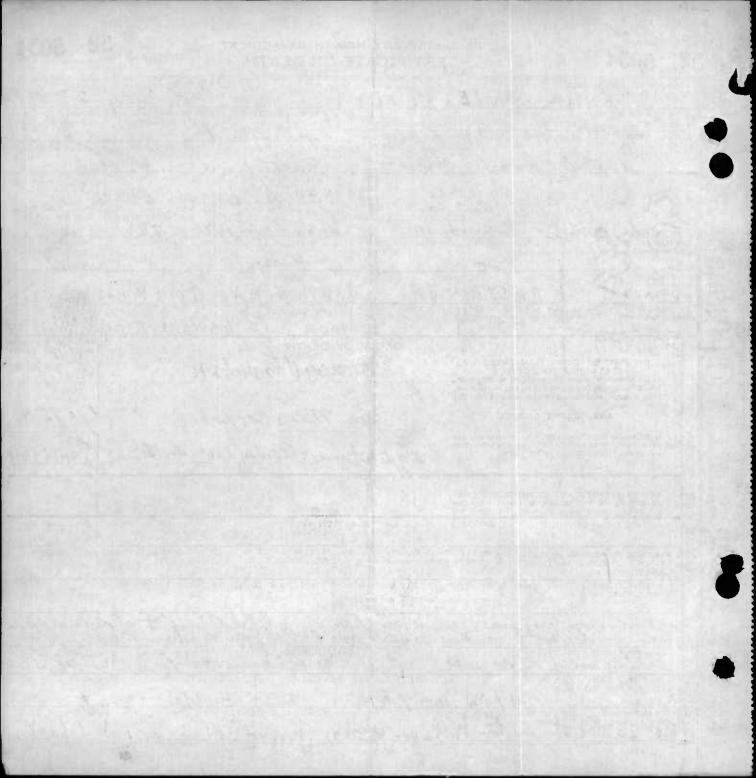
20. AUTOPSY

23C DATE SUNED

ADDRESS

township)

VS 150



2 5055
BIRTH NO.
1. NAME OF DEC (Type or Print)
3. PLACE OF DEA A. Baltimore Cit
B. FULL NAME OF HOSPITAL OR

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5055

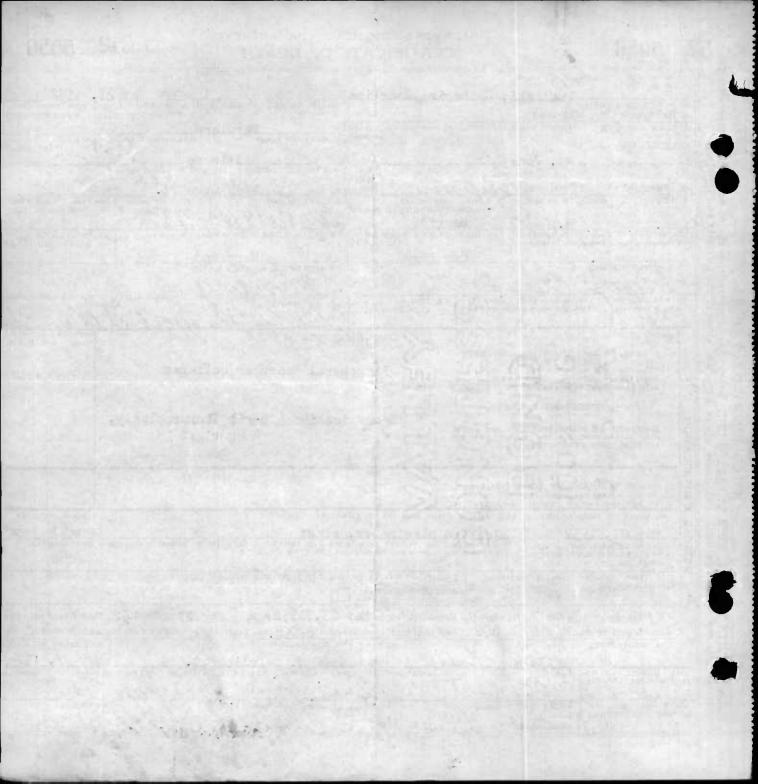
BIRTH NO.	CEASED		2. DATE				
(Type or Print)	ELIZA	BETH WAGNER		27, 1952			
3. PLACE OF DE	ity, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution : resider A. STATE B. COUNTY before admi				
HOSPITAL OR	OF (If not in hospit 2310 Erdma	al or institution, give street address or location) n Avenue		its, write RURAL and give township)			
c Length of st	ay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2310 Erdman Avenue				
	6.COLOR OR RACE		8. DATE OF BIRTH 9. AGE (In years last birthday) 77	M Under 1 Year M Under 24 Hours Min.			
OA. USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country) Baltimore, Mar yland	12. CITIZEN OF WHAT COUNTRY			
3. FATHER'S N			14. MOTHER'S MAIDEN NAME Anna Marie Traum				
15. WAS DECEASED	EVER IN U. S. ARMEI (If you, give war or date	FORCES? 16. SOCIAL		ADDRESS			
18. 44 5 DISEASI	OR CONDITION	DIRECTLY	OF DEATH	ONSET AND DEATH			
heart failur	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		ocardeal D'équeration	· 3mo			
Z DISEASES	OR CONDITIONS, I	FANY, GIVING	pertonin	20 upres			
UNDERLYI	E ABOVE CAUSE (A) NG CONDITION LA		eteriselessi	15 yrs			
TRIBUTING	II GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED					
	OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
= 1 21A. ACCIDE	NT WAS UNDER- CONTRIBUTING	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		give exact location)			
2 1D. TIME () OF INJURY	Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?				
			6/52,19, to 5: 27-52,19	_, that I last saw the			
23A. SIGNAT		2	rred at 915 km., from the causes and on 1710 E. 33 434	23c. DATE SIGNED			
24A. BURIAL, CI TION, REMOVAL (Sp Burial		52 Parkwood C					
DATE RECEIVED	ARA III	S SIGNATURE	25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Ha	ADDRESS			

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BIND	n of in
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ERVE	Eve write
RESI	G INK
MARGIN RESERVED FOR BINDING	TH UNFADING INK. Every item of information should be efunt. Physicians: please write the causes of death clearly and legibly.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Pudinski, Catherine Madeline DEATH May 27 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN DESCRIPTION St. Joseph's Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1639 Cuba St. Days 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | f Under I Year | ff Under 24 Hours | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Give kind of BYRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hwfe Own home Maryland 13. EATHER'S NAME 14. MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or date of service) 16. SOCIAL ADDRESS (Yes, no or uoknowo) SECURITY NO. 002X 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Peripheral vascular collapse heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Decortication & 8-rib Thoracoplasty. CATION DISEASES OR CONDITIONS, IF ANY, GIVING right RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION / 20. AUTOPSY CA May 27, 1952 Calcified oleothorax, right YES 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from May 23, 19529, to May 27 , 152, that I last saw the . 1952 deceased alive on May 27 ... and that death occurred at 6,55p.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 11,00 N. Caroline St. A4B. PATE REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOGATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR VS 150



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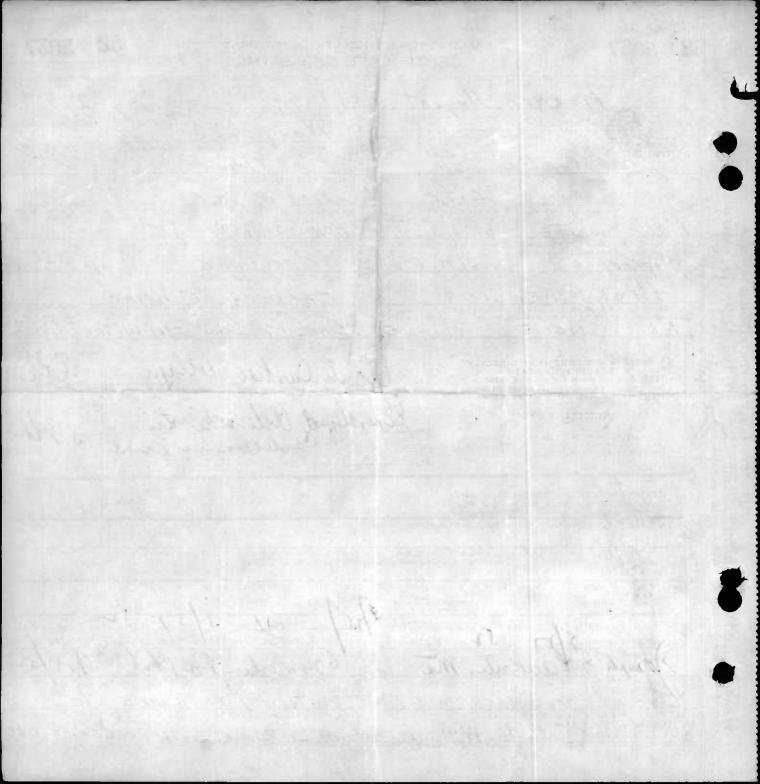
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No. 5057

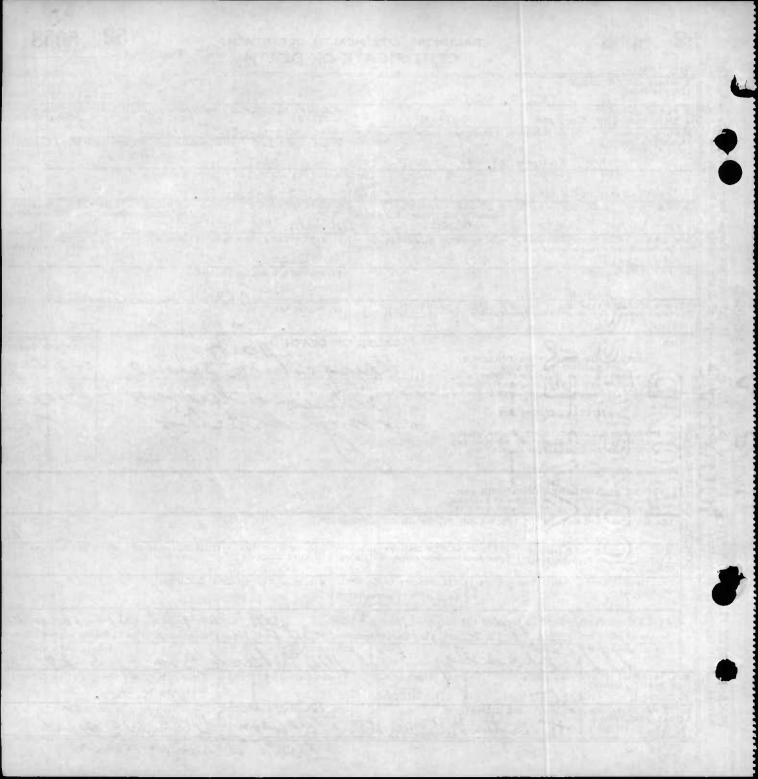
81	RTH NO.	L OI BLAIII
1. (T	NAME OF DECEASED ype or Print)	2. DATE OF M. 127 1272
	PLACE OF DEATH:	DEATH // Winstitution: residence
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o	A. STATE before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address o location STITUTION	
114	2101 W. TRALE ST.	BALTIMORE 20 - Otomphip
10	1) Yrs.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Life Mos.	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours Inst birthday) Months: Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	APRIL 21,1867 85
work	done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	HOPKEPER NOVELTY STORE.	14. MOTHER'S MAIDEN NAME
1	HENRY RELLINE	Bankson Pothus
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yee	i, no or unknown) (If yes, give war or dates of service) SECURITY NO.	EARL RELLING 2101 W. TRATT ST.
	18. // 2 2 / CAUSE	OF DEATH
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	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	North (International.)
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	and the second second
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JI.	(C)	
RTI	OTHER SIGNIFICANT CONDITIONS CON-	
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
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1EDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
2	21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURE OF INJURY	RED 21F. HOW DID INJURY OCCUR?
П	m. WHILE AT NOT WHALE	
	22. I hereby certify that I attended the deceased from	19, to 1, 19, that I last saw the
		errel at S. 30 P.m., from the causes and on the date stated alpho.
	Storent S. & aullandi ma	236. ADDRESS 23C. PATE SIGNED
2.4		ERY OR CREMATORY 24D. LOCATION (City, town, or county) / (State)
TIG	WALACHOVAL (Specify) MAY 31 1952 WESTERN	CEMETERY BALTIMORE, Md.
D/	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
N	1AY 30 1952 Hantington Will a 1 15	From to Schoop 2101 Prederick Ave



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BALTIMORE CITY HEALTH DEPARTMENT

1	IRTH NO.	CEASED	CERTIFICAT	E OF DEATH	Registe	52 5058° red No.
	Type or Print)		. ETHIER		OF	av 29th1952
	PLACE OF DE		Baltimore	4. USUAL RESIDEN		ved. If institution : residence
В.	FULL NAME		al or institution, give street address of	Marylan		7 09
	OSPITAL OR		location	c. CITY OR TOWN	(If outside corporate	e limits, wrice DURAL and give township
C. 5	U .	4228 Kelway			timore	
	Y amountly and and	i D-14!	Yrs. Mos.		S (If rural, give location	on)
	SEX	ay in Baltimore 6. COLOR OR RACE	7. SINGLE, MARRIED,	1228 Kelt	9. AGE (in year	ers If Under 1 Year If Under 24 Hour
	Female	white	WIDOWED, DIVORCED (Specific Widowed)	"Oct. 18, 1864		y) Months Days Hours Min
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF
WOF	Housewi Housewi	working life, even if retired)	own Home	Marblehead, 1	Mass	WHAT COUNTRY
13	FATHER'S N		V.1122 1.4 0.120	14. MOTHER'S MAIL		
		eorge Hatch		Marth	a Hatch	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(-	No		None	Mrs. Alie	ce Nelson	Same
	(This does heart failur injury or	E OR CONDITION LEADING TO DEAT not mean the mode o e, asthenia, etc. It mea complication which c	f dying, e.g., ns the disease, aused death.)	egestine, Leria- D	Lailer	1-2 day
ICATION	(This does beart failur injury or DISEASES	LEADING TO DEAT not mean the mode of e, asthonia, etc. It mean	TH f dying, e. g., ns the disease, aused death.) EES FANY, GIVING STATING THE DUE TO	Levia- D Levia- D Myocar	Tailur chron deti-	e 1-2 day
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	52	505 RTH NO.	9	БА		TE OF DE		Registere	ed No	5059
		NAME OF D	William	(Edward	Thom	sen	2. DATE OF DEATH	5-2	17-52
		PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RE	SIDENCE (Who	ere deceased live		tion: residence before admission)
	HC	SPITAL OR	OF (If not in hosp	ital or institu	tion, give street addres locat		OWN (If or	utside corpor te l	limits, writ	e RURAL and give
	IN	Mion	mercon	2 1	Cospital	Bal	Time	-		township)
regini	c.	Length of s	tay in Baltimore	l	1 / M	rs. D. STREET AD		cral, give location	Coas	2
ana	5.	SEX	6. COLOR OR RAC	7. SINGL	WED, DIVORCED (Spe	eify) B. SATE OF B	D.1875	9. AGE (In year last birthday)	Months 1	Year H Under 24 Hours Days Hours Min.
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4	7		of OPERATION		R FINDINGS OF O	PERATION	1 -	1-1-		20. AUTOPSY?
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1mapa	ME	21D. TIME OF INJURY	(Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCU	JRRED 21F. HOW	DID INJURY	OCCUR?		
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		N. REMOVAL				ETERY OF CREMATO		CATION (City, t	own, or or	inty) (State)
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1	S	5060 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.							
	1.	NAME OF DECEASED ROWART MILLER			2. DATE OF DEATH 5/3	8/5°2-			
	A.	PLACE OF DEATH: Baltimore City, Maryland	A. STA		Where deceased lived, It	institution; residence before admission)			
	HC 1N	FULL NAME OF (If not in hospital or institution, give street add SPITAL OR UNION MEMORIAL HOSPITAL HOSPITAL	cation) C. CIT	OR TOWN ()		ts, write RURAL and give township)			
and legibly	c.	Length of stay in Baltimore	Mos. Days D. STR	EET ADDRESS (I	rural, give location) NE CIRC	LE 5300			
- 11	5.	6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify)	6 49 1887	69	M Under I Year N Under 24 Hours on the Days Hours Min.			
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causes of		5. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or nnknown) (If yes, give wer or dates of service) SECURITY	NO. MRS	MARGARE	TMILLER	SAME			
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Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
	CAL C	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?			
important.	MEDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY about home, farm, factory, street, off		WHERE DID	(If in Baltimore City,	give exact location)			
	~		CURRED 21F	TULNI DID WOH,	Y OCCUR?				
especially			occurred at	m., from		, that I last saw the he date stated above.			
age is	2	23A. SCNATURE LICHERA P. Block M. 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF C	D. 23B. ADD	n/honora	e Sopital	23c. DATE SIGNED 5-28-52 1, or county) (State)			
correct a	B	ON, REMOVAL (Specify) OUVIAL ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	Athedr	AL INERAL DIRECTOR	BALTIMOVE	ADDRESS Md.			
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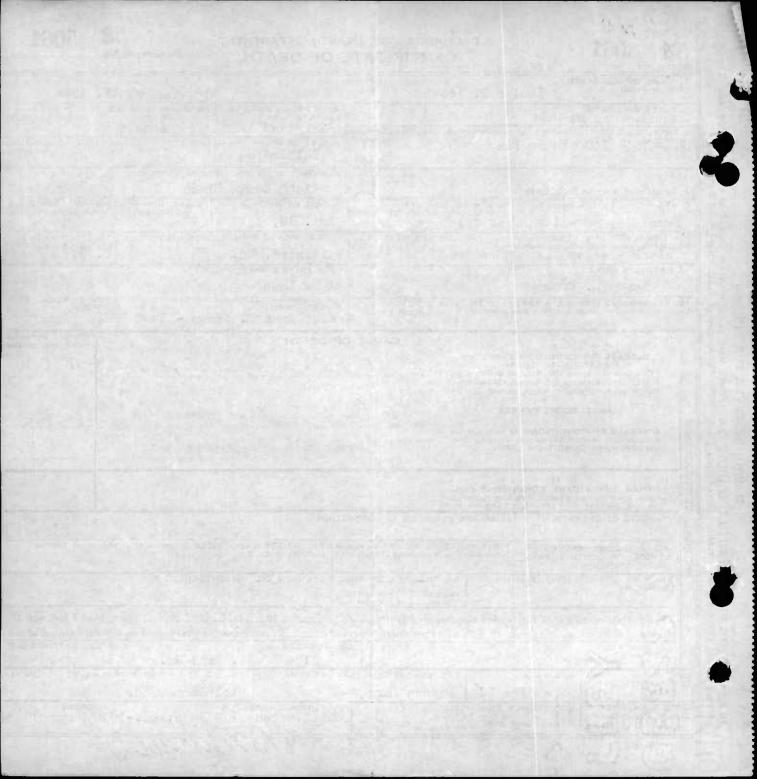
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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-	INTH NO.				*				
1. (T	NAME OF D Type or Print)		se B. H	Brown			2. DATE OF May	28, 19	52
Α.	PLACE OF D Baltimore (City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDER A. STATE Maryland	NCE (W		If institution	
H	OSPITAL OR	1400 Eutaw P		location)	c. CITY OR TOWN Baltimore		outside eorporate lin	nits, write It	JRAL and give
			-1111	life Yrs.	D. STREET ADDRES	ss (If r	ural, give location)		
-		tay in Baltimore		Days	1400 Eut	aw Pl			
	female	6.COLOR OR RACE white	singl	E. MARRIED, /ED, DIVORCED (Specify) . 8	Aug. 18, 18	77	9. AGE (in years last birthday)	if Under 1 Year Months Days	ff Under 24 Hours Hours Min.
1 C	A. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired) Sales	retir	of Business or Industry	Baltimore, M		reign eountry)	U. S.	ZEN OF T COUNTRY
13	B. FATHER'S	IAME		Dept Sta	14. MOTHER'S MAIL	DEN NA	ME	1	
		G. Brown			Anna Lamb				
15 (Ye	S. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Anna E	. Bro	wn - 1400	ADDRESS Eutaw P	lace
	18. 42:	2. 1		CAUSE	OF DEATH				VAL BETWEEN
		E OR CONDITION		0	0 V	>	0	ONSET	AND DEATH
	(This does	not mean the mode of	f dying, e. s	s., (A)	refral h	eni	orthag	e 1	day
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DICAL								YES	NOL
MEDI	LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE DI	17	in Baltimore City	, give exact	location)
-	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE		0			
	22. I hereb	y certify that I att	ended the	deceased from	1942,19_,	to Me	ay 28, 19	52, that I	last saw th
	deceased al	ive on May 28	, 19 52	and that death occur		from th	echuses and on	the date s	tated above
		ommer El.	Todo	м. р.			ul St.		ATE SIGNED
TI	4A. BURIAL, CON, REMOVAL (S	peeify)		24c. NAME OF CEMETE	RY OR CREMATORY			vn, or eounty)	(State)
В	urial	5 - 31		Loudon Park			imore, Md.		
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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Registered	No
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Pre G		E OF DEATH
should be carefully supplied.	1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address. 115 E. Melrose Ave. (c) Hospital or institution: Long Green Nursing Home (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State Md. (b) County none (c) City or town Baltimore (If outside city or town limits, write RURAL and give town (d) Street No. Park Lyn Apts . 4 Upland Rd. (If rural give location) (e) Citizen of foreign country) HO (Yes or No lf yes, name country)
on shou	3 (a) FULL NAME Leslie Hamilton Peard 3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
NDING information	No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. married	20. DATE OF DEATH Thay 2 & 1952, at 71/5/N 21. I certify that death occurred on the date above stated; that I attend
WARGE: Years Months 7. Birth date of deceased (m 8. AGE: Years Months 72 9. Birthplace Toronto 9. Birthplace Toronto 11. Industry or business 12. Name James F 13. Birthplace 14. Maiden Name Eli 15. Birthplace 16 (a) Informant Mr • Le	72 hr. min. 9. Birthplace Toronto, Canada (Town, county, and state) 10. Usual Occupation Advertising Agency 11. Industry or business retired	Inmediate cause of death and the constant of t
	13. Birthplace 14. Maiden Name Elizabeth Ann Nothsworthy 15. Birthplace 16 (a) Informant Mr. Leslie H. Peard, Jr.	(Include pregnancy within 3 months of death) Date of operation. Major findings of operation: of autopsy: 22. If death was due to external causes, fill in the following:
PLEASE WRITE PLAINI	(b) Address 105 Longwood Road 17 (a) Burial (b) Date thereof 5 - 31 - 52 (Burial, eremation, or removal) (month) (day) (year) (c) Cemetery or crematory Druid Ridge Location Pikesville, Maryland 18 (a) Funeral director John O. Mitchell Sons Inc. (b) Address 1900 Eutaw Place 19 (a) AV 30 1952 (Date rec'd by registrar)	(a) Accident, suicide, or homicide

VS 150

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INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

. If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

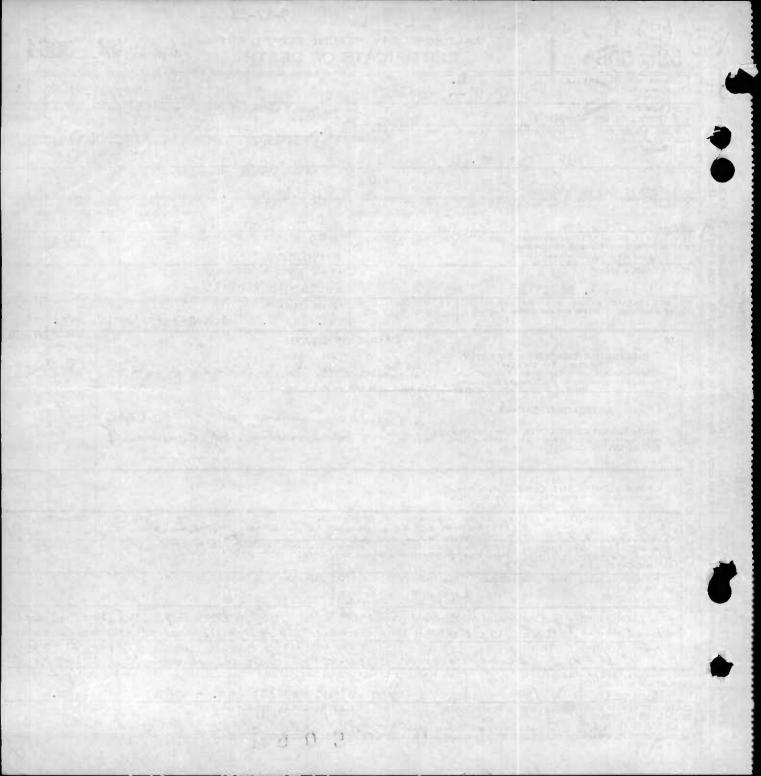
If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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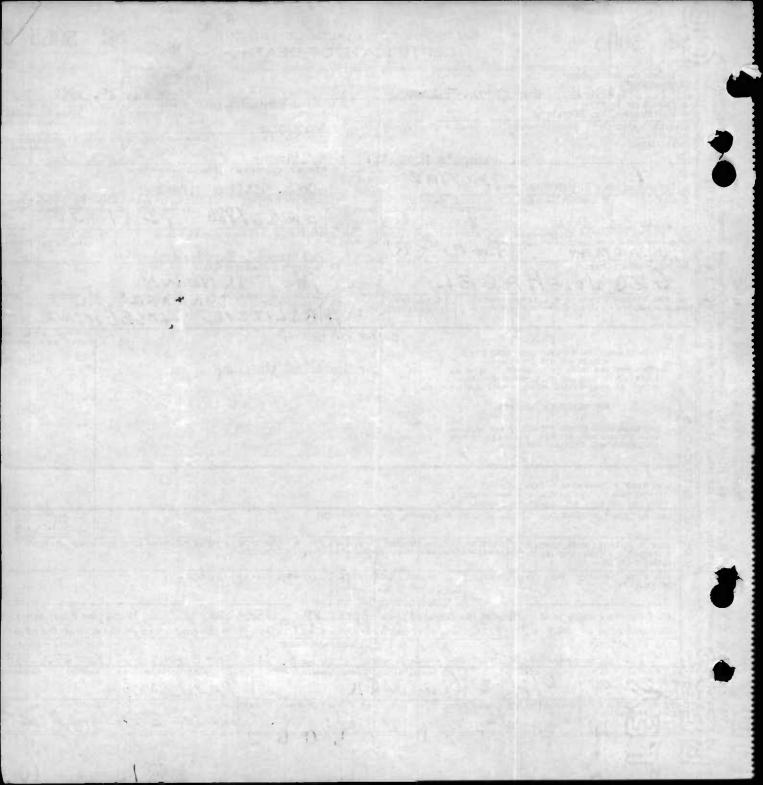
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W	BALTIMORE CITY HEALTH DEP			Registered 52 5064
The	BIRTH NO. 5004	CERTIFI	ICATE OF DEATH	Registered No.
p.	1. NAME OF DECEASED (Type or Print)	EVELYN S. WILLIA	MS	of May 29, 1952
pplied.	3. PLACE OF DEATH: A. Baltimore City, Mary	land	4. USUAL RESIDENCE A. STATE	(Where deceased lived. If institution: residence B. COUNTY before admission
6	HOSPITAL OR	t in hospital or institution, give street a	1 11 1	If outside corporate limite, write RURAL and giv
Ħ,	INSTITUTION 2832	Riggs Ave.	Baltimore	township
20 00			Yrs. D. STREET ADDRESS (If rural, give location)
be ca	c. Length of stay in Bal 5. SEX [6. COLOR		Days 2832 Riggs Ave.	9. AGE (In years) If Under I Year If Under 24 Hours
ld	female white	WIDOWED, DIVORCED		last birthday) Months Days Hours Min.
on shou	10A. USUAL OCCUPATION work done during most of working life, er	(Givekind of 108, KIND OF BUSINES	S OR 11. BIRTHPLACE (State or	foreign country) I2. CITIZEN OF WHAT COUNTRY
ion cle	Régistered nu		Virginia	
mat	William J. Wi	lliems	14. MOTHER'S MAIDEN Elizabeth Picke	
information s of death cle	15. WAS DECEASED EVER IN I	J. S. ARMED FORCES? 16. SOCIAL	17 INFORMANT	ADDRESS
em of in	(21 300, 800	security security security	Mr. Ray E. Will	Liams-2536 Arunah Ave.
em	18. 153 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY			INTERVAL BETWEEN ONSET AND DEATH
Every item write the cau	LEADING (This does not mean t	TO DEATH he mode of dying, e.g., (A)	General Car	unanton 3 mo.
Ever	heart failure, asthonia,	etc. It means the disease, which caused death.)	1	
	ANTECEDE	NT CAUSES		2 28 0000 3
INK.	DISEASES OR COND	ITIONS, IF ANY, GIVING (B)	el Common	100000
NG ::	UNDERLYING COND	AUSE (A) STATING THE OUE TO) was
UNFADING Physicians:	II.	II		
NFA	OTHER SIGNIFICAN	T CONDITIONS CON- ATH, BUT NOT RELATED		
	TO THE DISEASE OR O	ON MAJOR FINDINGS O		20. AUTOPSY?
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WITH portant.	21A. ACCIDENT WAS I LYING OR CONTRIB	UTING 21B. PLACE OF INJUR about home, farm, factory, street,		(If in Baltimore City, give exact location)
THE STATE OF THE S	21D. TIME (Month) (Da	ay) (Year) (Hour) 21E. INJURY C	OCCURRED 21F. HOW DID INJU	RY OCCUR?
3 6	OF INJURY		NOT WHILE	
re PL especia	22. I hereby certify t	at I attended the deceased fro	msept 20 , 105/, to 1	way 29, 1952that I last saw th
	dcceased alive on 23A. AIGNATURE	28, 1952 and that dear	th occurred at 7., from	the causes and on the date stated above
R	A.l. Van	Schulphy	M.D. 4818 Elma	ndoena 5/29/52
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town) or grant 100, REMOVAL (Specify) Removal 6/1/52 Gwynn Island Baptist Cem. — Gwynn Island				LOCATION (City, town) or county) (State)
PI	MAY 30 1952	Huntington William	s. M. W. V.	islaner & sous
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52 5065 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 5065			
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)			DATE OF No. 20 1072
3. PLACE OF DEATH:	agel,		deceased lived. If institution: residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital)	or institution, give street address or	A. STATE	B. COUNTY before admission)
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outsi	de corporate limits, write RURAL and give township)
	Joseph's Hospital	Baltimore #30 D. STREET ADDRESS (If rural)	LJ-0L
c. Length of stay in Baltimore	IFETIME Mos.	406 E. Gitting St	
5. SEX 6. COLOR OR RACE 7	, SINGLE, MARKIED.	8. DATE OF BIRTH 9.	AGE (in years If Under 1 Year If Under 24 Hours
Male White	WIDOWED, DIVORCED (Specify) Married	APR 26/880	last orthday) Months Digs Hours Min.
10A. USUAL OCCUPATION (Give kind of I work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
KEPAIRM AN	13+0·12 12 13 181	Baltimore, Maryla	
GEO VUN HA	GEL	14. MOTHER'S MAIDEN NAME	WW
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT //N	HAGIELADDRESS .
		MRSLIZZIE	406EGITTIMES ST
18. 163×	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI			
(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., (A)	inoma of the lung	
injury or complication which cau			
ANTECEDENT CAUSES	5		
DISEASES OR CONDITIONS, IF	(B)		
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	FATING THE DUE TO		VINE BUILDING
C	(C)		
OTHER SIGNIFICANT CONDITI	OT RELATED		
19A. DATE OF OPERATION 198	MAJOR FINDINGS OF OPER		20. AUTOPSY?
A ·			YES NO X
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (H	four) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OC	CUR?
OF INJURY	TH. WHILE AT NOT WHILE		
22. I hereby certify that I atten			29 , 19 52 that I last saw the
			uses and on the date stated above.
23A. SIGNATORE		3B. ADDRESS	23c. DATE SIGNED
(Smando &	kacedra M.D.	1400 N. Caroline S	treet May 29, 1952
TION REMOVAL (Sectify)	2 Criden PK	RY CHEMATORY 240. LOCAT	ION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S		25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	ton Williams M. J.	Is H. Leunbr	ULSVIN.LYNAHORST
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1. NAME OF DECEASED

A. Baltimore City, Maryland

c. Length of stay in Baltimore

work done during most of working life, even if retired)
Retired Truck Driver

6. COLOR OR RACE

3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

(Type or Print)

INSTITUTION

5. SFX

Mala

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BULK (W) HamiltonGeisbert Martha Geesev 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Chester H. Horan 401 Wickham Rd. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY Allen 1-6. 11/2/ LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY , 19 - that I last saw the 22. I hereby certify that I attended the deceased from Interest , 19 and that death occurred at the m., from the causes and on the date stated above, deceased alive on . 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE Frederick. Buria .Olivet 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAS Etchison & Son Frederick Md VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

location

Yrs. 2 -- Mos.

Days

A. STATE

Md.

c. CITY OR TOWN

8. DATE OF BIRTH Sept. 11.1880

Md.

Baltimore p. STREET ADDRESS (If rural, give location)

401 Wickham Road

II. BIRTHPLACE (State or foreign country)

Frank Raymond Geisbert

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Sinclair

(If not in hospital or institution, give street address or

401 Wickham Road

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

2. DATE

OF

DEATH

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

May 29.1952

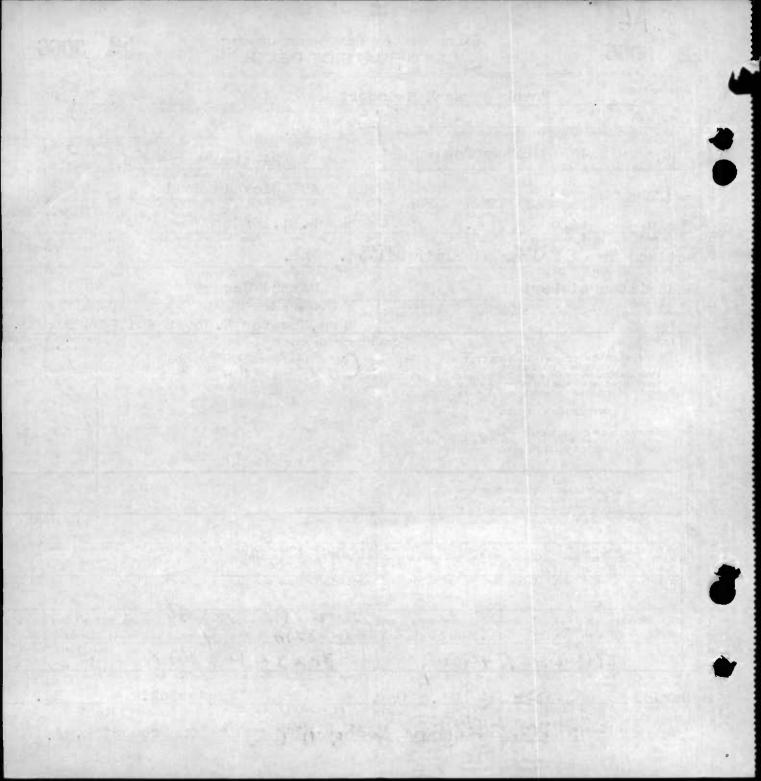
12. CITIZEN OF

WHAT COUNTRY?

(If outside corporate limits, write BURAL and give

9. AGE (In years If Under I Year Hours Min.

before admission)

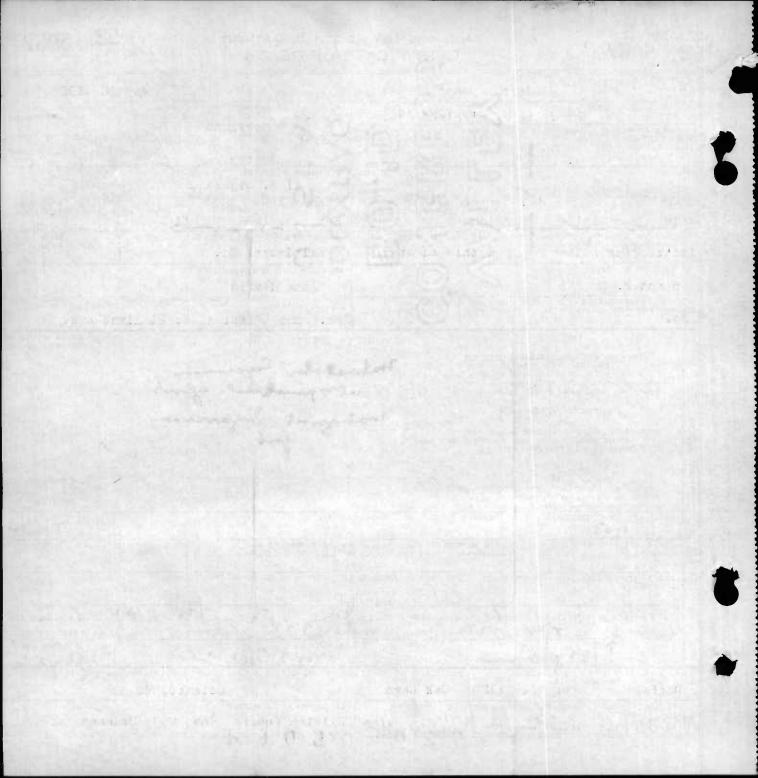


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BALTIMORE CITY HEALTH DEPARTMENT

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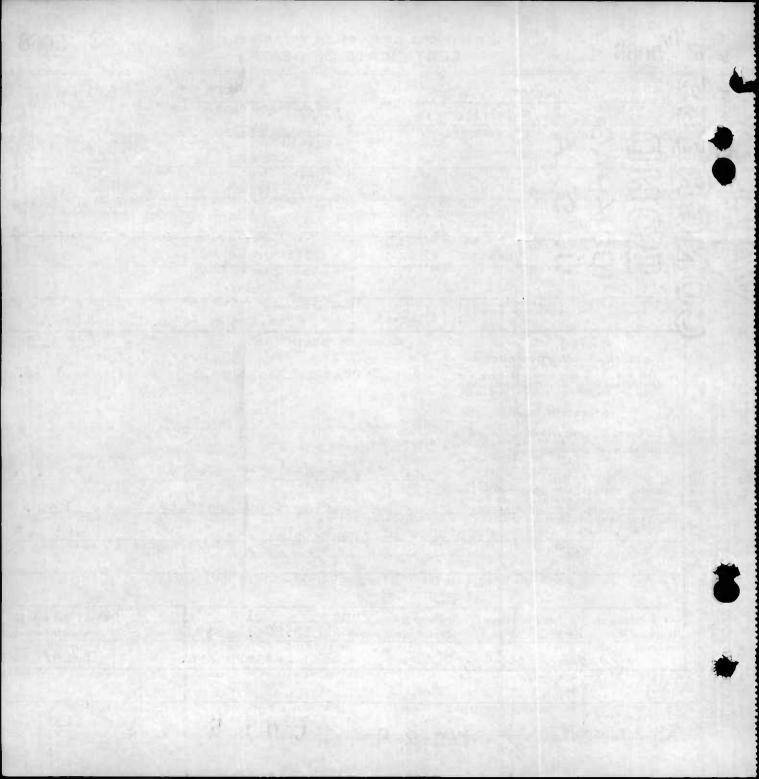
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Edward Joseph Drimal	2. DATE OF DEATH May 28, 1952
a. PLACE OF DEATH: A. Baltimore City, Marylandll N. Highland Ave. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporatolimits, wefte KUItAL and give township)
Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 11 N. Highland Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Widowed Widowed	8. DATE OF BIRTH 9. AGE (In years of budget 1 Year last birthday) Months Days Hours Min. Feb. 10, 1901 51
NOA. USUAL OCCUPATION (Give kind of the control of	Baltimore, Md.
Joseph F. Drimal	14. MOTHER'S MAIDEN NAME Anna Hlavin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17.INFORMANT ADDRESS Mrs. Anna Drimal 11 N. Highland Ave.
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	atropaustral Glans Egent Symmeone fort
UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION [20, AUTOPSY?
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., etc.)	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRION WHILE AT NOT WHILE AT WORK AT WORK	
. H promon M.D.	238, ADDRESS YOU ESCAL W 23C. DATE SIGNED 23C. DATE SIGNED
24a. BURIAL, (GREMA- TION, REMOVAL (Specify) Burial May 31, 1952 Oak Lawn	Colgate, Md.
MAY 30 1952 REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.



RESERVED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) 2. DATE OF May 28, 1952 Gustave C. Bauer 4. USUAL RESIDENCE (Where deceased lived, if institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 2715 Eastern Ave. A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2715 Eastern Ave. information should be called of death clearly and leg c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | | Under 1 Year | | Under 24 Hours | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH II Dedat 24 Hours Male Widowed May 2. 1884 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) National Biscuit Co WHAT COUNTRY? Icing Foremen Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Don&t know Don't know 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yez, no or unknown) (If yes, give war or dates of service) SECURITY NO. 9-12-9986 No. Mrs. Elroy Kunsky 507 S. Linwood Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of Stomach (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES INK. (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. Carrie of Mandala (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Lif TRIBUTING TO THE DEATH. BUT NOT RELATED Carcinoma of Prostate TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 1952 May, Carcinoma of Prostate EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! RITE PL. WORK 19 51to 22. I hereby certify that I attended the deceased from June May . 19_5. That I last saw the deceased alive on May 27, 19 52, and that death occurred at 10.5 and from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED Larence 3023 Eastern Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B, DATE May 31, 1952 Oak Lawn Colgate. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Ullrich Funeral Home 2008 Orleans St. VS 150

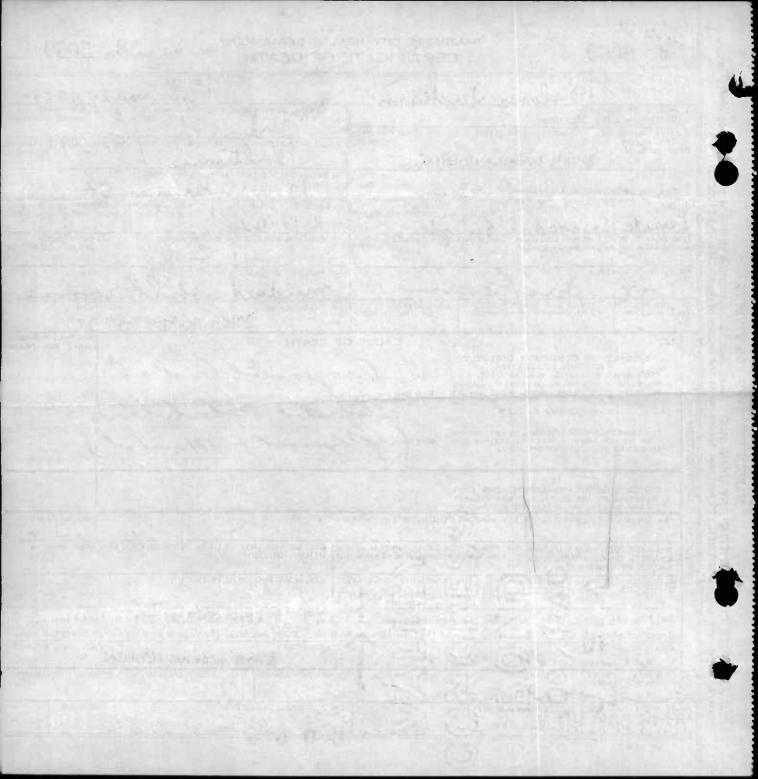


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No_	5069
registered 110_	Comment

		The state of the s	
	(Type or Print) Delines) (MAR)	DEATH MAN 28, 1957	
	8. PLACE OF DEATH: a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, Institution: residence a. STATE B. COUNTY before admission)	
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN A (If outside corporate links, write KURAL and give	
13	JOHNS HOPKINS HOSPITAL	Baltinare 1 township)	
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE NINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 14 Hours	
	Femulo, Calmad Swidowed, Divorced (Specify)	3-11-42 last birthday) Months Days Hours Min.	
w	OA. USUAL OCCUPATION (Givekind of prk done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	mel Jackson	mildred Wilks	
	(If ye, live war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
	0 , 0	OHNS HOPKINS HOSPITAL	
		OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	seem it Carolinal	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	land + Retarlation	
2	DISEASES OR CONDITIONS, IF ANY, GIVING		
NOIT A DIBITE	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Egreed + Mulil)	
151			
107	TRIBUTING TO THE DEATH, BUT NOT RELATED		
1		ATION 20. AUTOPSY?	
14010		YES NO	
AFDIO			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?	
	m. WORK AT WORK	5-29 1052 5-20 187 1111	
	deceased alive on 9-29, 1952 and that death occurred at 545 P.m., from the causes and on the date stated about		
	23A. SIGNATURE	38. ADDRESS JOHNS HOPKINS HOSPITAL 23c. DATE SIGNED	
-	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24P. LOCATION (City, town, or county) (State)	
	Burnal Max 30-1913 tayelle Vil	le 1/6	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	27 FUNERAL DIRECTOR ADDRESS	
=	MAY 30 1952 Huntington Wallaus My 34	Al Killiamolo 12/11/ Mary of	
	VS 150		



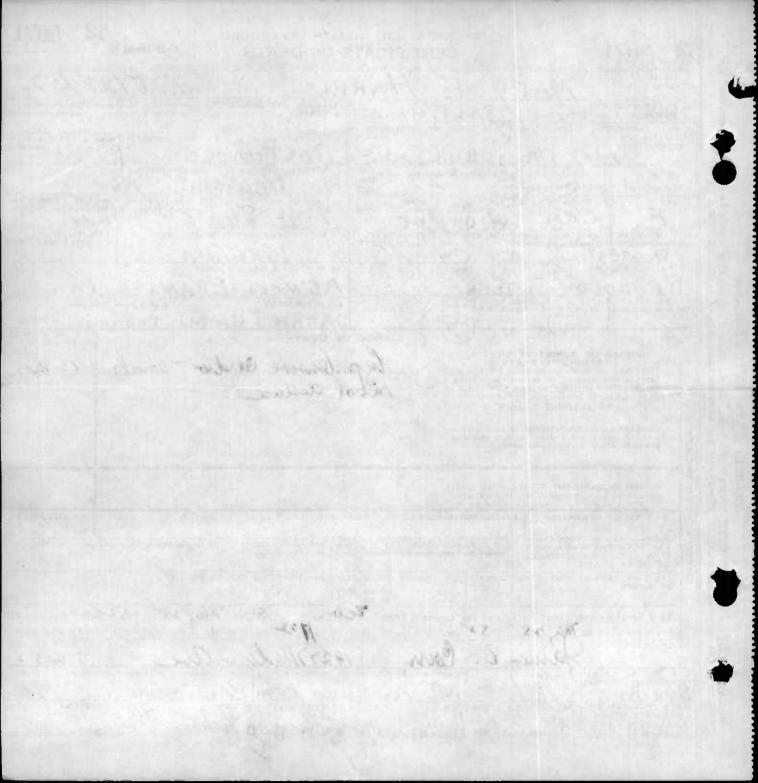
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57XC-159514)			E OF DEATH	Registered	No_5070
1. NAME OF DECEA (Type or Print)	ASED Valli Taylo	or			2. DATE OF DEATH 5-29	9-52
3. PLACE OF DEATH A. Baltimore City,	H: , Maryland			4. USUAL RESIDENCE (W		institution: residence before admission)
HOSPITAL OR Bal	timore City	y Hospi	tion, give street address or location)	c. CITY OR TOWN (If	outside corporate limit	ts, write RUVAL and give township)
c. Length of stay	O Eastern A		Yrs. Mos. Days	Baltimore D. STREET ADDRESS (If I		17
	COLOR OR RACE	7. SINGLE	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours Days Hours Min.
10A. USUAL OCCUP, ork duneduring most of work Housev	king life, even if retired) wife	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME	
Crawford (VER IN U. S. ARMED	FORCES?	16. SOCIAL	Katie Bailey		
Yee, no nr unknown) (If	yes, give wer nr dates	of service)	SECURITY NO.	Records Baltimor	re City Hospi	DDRESS Tals
(This does not heart failure, as injury or comp	DR CONDITION E ADING TO DEAT mean the mode of sthenia, etc. It mean plication which ca	"H f dying, e.g ns the disease aused death.	g., (A)Urem	of death		INTERVAL BETWEEN ONSET AND DEATH Weeks
ANTECEDENT CAUSES (B) Nephrosclerosis (B) Nephrosclerosis (B) Nephrosclerosis (C) Hypertensive vascular disease			Years			
TRIBUTING TO	II IFICANT CONDIT THE DEATH, BUT N SE OR CONDITION	NOT RELATE	ED IT			
19A. DATE OF OF	ERATION	B. MAJOR	FINDINGS OF OPER	RATION	Min New Line	YES NO
21A. ACCIDENT LYING OR COI CAUSE OF DEAT	NTRIBUTING		ACE OF INJURY (e. g., i farm, factory, street, uffice bldg.,	in or 21C. WHERE DID (In etc.) INJURY OCCUR?	f in Baltimore City, a	give exact location)
21D. TIME (Mont OF INJURY	th) (Day) (Year) (21E. INJURY OCCURR WHILE AT WORK		OCCUR?	
		ended the	deceased from 5-2			2that I last saw the
deceased alive of		, 19, , , ,	and that death occur	rred at y : Jun m., from th	ie causes and on th	he date stated above.
	28. 0	1650	M. D.	4940 Eastern Ave.		5-29-52
AL. CREMAL (Specify	mm3H	95-2	NAME OF CEMETE		OCATION (City, town,	or county) (State)
D 1	REVISIRARS	SIGNATU	RE	25 FUNERAL PRECTOR		DDRESS

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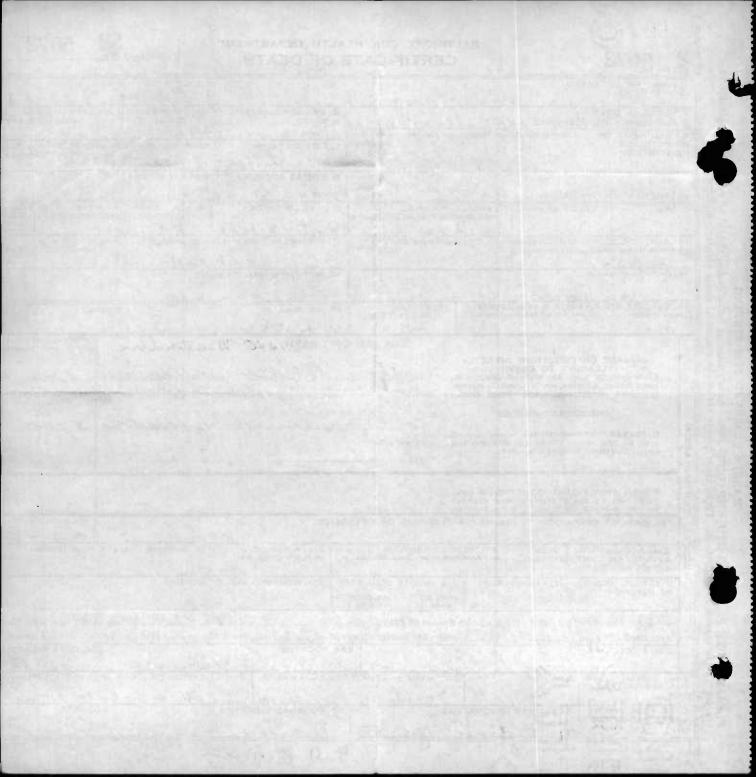
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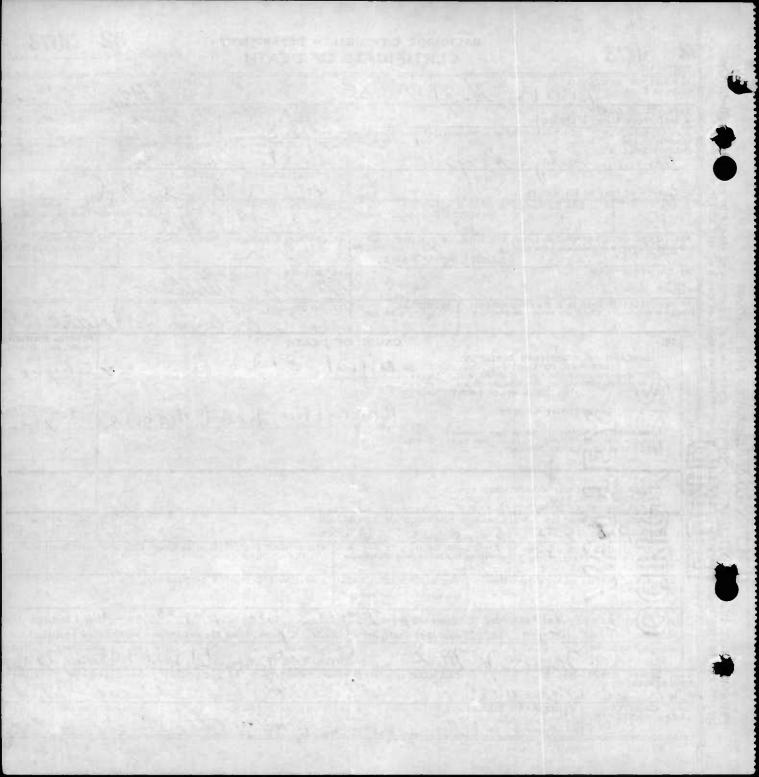
Committee all



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RITE PLA WITH UNFADING INK. Every item of information should be cauge is especially important. Physicians: please write the causes of death clearly and legibi	1	C	
RITE PLA WITH UNFADING INK. Every item of information should be cause is especially important. Physicians: please write the causes of death clearly and legib		-	
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			BALTIMORE CITY HE	ALTH DEPARTMENT	52	5072		
he	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered N							
F	1.	NAME OF DECEASED			2. DATE			
plied.		PLACE OF DEATH:	nna Jahell	4. USUAL RESIDENCE (W	DEATH May	4 29-52		
ppl	Α.	Baltimore City, Maryland 14		A. STATE	B. COUNTY	before admission)		
7	H	OSPITAL OR	l or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, wr			
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legib.	1		50 yrs. Mos.	D. STREET ADDRESS (If)	rural, give location)			
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information should be		F. W.	WIDOWED, DIVORCED (Specify)	Oct. 16-1866	last birthday) Months			
on shou	10 work	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if rotired)	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY		
on		at home		Switzerla	und	WHAT COOKINT		
death	13	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
nforr of de	15	WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADDR	ECC		
f in	(Ye	s, no or unknown) (If yes, give war or dates	of service) SECURITY NO.	J. Laskusa	2 40016	£55		
em of		18. 420.1	CAUSE	OF DEATH NEW W		INTERVAL BETWEEN ONSET AND DEATH		
y iter		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
		(This does not mean the mode of heart failure, asthenia, etc. It mean	dying, e. g., s the discase,	uc corona	ey leclusion	2 Days		
Ever		injury or complication which ca		nerslyed an	resecuses	2- des		
	z	Z ANTECEDENT CAUSES (B) Aronic Musearditia 5911						
INK.	Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION (B) (B)							
ING	FICA	UNDERLYING CONDITION LAS	(C)	***************************************		***************************************		
UNFADING Physicians: 1	RTIF							
NF	Ш	W TRIBUTING TO THE DEATH, BUT NOT RELATED						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
WITH rtant.	CAL	ACCIDENT WAS UNDER	21B. PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (I	f in Baltimore City, give	YES NO		
WIT.	EDIC	LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg., e		in partimote City, give	exact location)		
[m]	Σ	21D. TIME (Month) (Day) (Year) ((Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
ALIA CITY		OF INJURY	m. WHILE AT NOT WHILE					
RITE PLA is especiall	22. I hereby certify that I attended the deceased from Pay 1952 to May 29, 1952, that I last saw the							
TE		deceased alive on 2 6		red at 3.00 A m., from the				
		23A. SIGNATURE Loude	S. Santon M.D.	3902 Unes	umacullus Th	Day 29. 52		
age	24 TII	4A. BURIAL, CREMA- 24B DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or co	ounty) (State)		
EAS	_	Burial 5/31/	52 Druid RI			md		
PLEASE correct a	M	ATE RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	P AD	DRESS		
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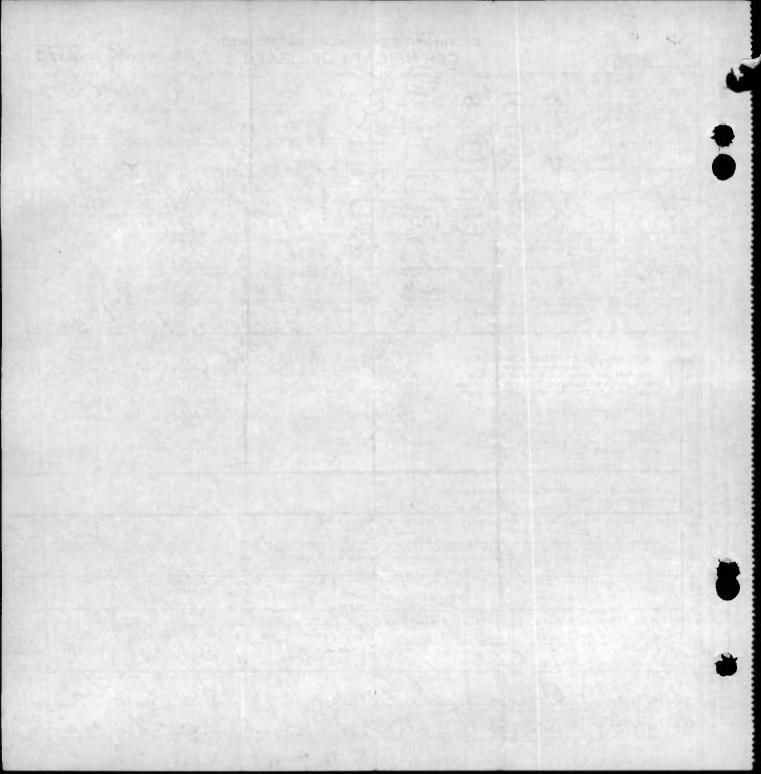
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Gertrude M. Bachman DEATH May 28/52 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1115 S. Hanover St Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 1115 S. Hanover St Life c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year MATTIED DIVORCED (Specify) last highday) Months Days Hours Min. Female Aug. 1,1881 10A. USUAL OCCUPATION (Give kied of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Home Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Streckfus Valentine Zoeller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Harry F. Bachman, 1115 S. Hanover St 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A, ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK . 19 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 5/2 _, 1952, and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY New Cathedral Baltimore, Md. Burial May 31

before admission)

DATE RECEIVED BY 26. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE AAY 30 1952 4101 Edmondson Ave VS 150

1279 hm. \$



Dr. Whilthe 12 m/c Pre1

ME

BALTIMORE CITY HEALT BIRTH NO. 48 - 01324 CERTIFICATE C		ristered No. 5077
1. NAME OF DECEASED (Type or Print) DONALD & FRITTS	2. DATE OF DEATH	May 28, 1952
A. Baltimore City, Maryland B. FULL NAME OF A f not in hospital or institution, give street address or	Maryland	DUNTY before admission)
St. Joseph's Hospital	Baltimore	porate limits, write RURA, and give township)
c. Length of stay in Baltimore Days	3619 Everett Str	eet
male white WIDOWED, DIVORCED (Specify)	n 30, 1948 4 yr	thday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of working life, even if retired) INDUSTRY INDUSTRY	SHRTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 8. Fritts Sr. 3	Florence Bry	rant
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	No Bryant	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF I	ebral injury	INTERVAL BETWEEN ONSET AND GEATH
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	4	
(C)		
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?
I 1 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or	21c. WHERE DID (If in Baltim NJURY OCCUR? 2407 E. Biddle Stree	ore City, give exact location)

pavement 21E. INJURY OCCURRED

Biddle Street

Playing on fence 21F. HOW DID INJURY OCCUR?

210. TIME OF INJURY May 28. WHILE AT 11:00 A. on pave-ment thereon and from striking head 22. I certify that I took charge of the remains described above, held an

I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \Box X suicide \Box , homicide \Box , undetermined \Box .

23A. SIGNATURE

(Day) (Year) (Hour)

23B, CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

240.

24A. BURIAL, CREMA-TION BEMOVAL (Specify) NAME OF CEMETER 24B, DATE

25. FUNERAL DIRECTOR

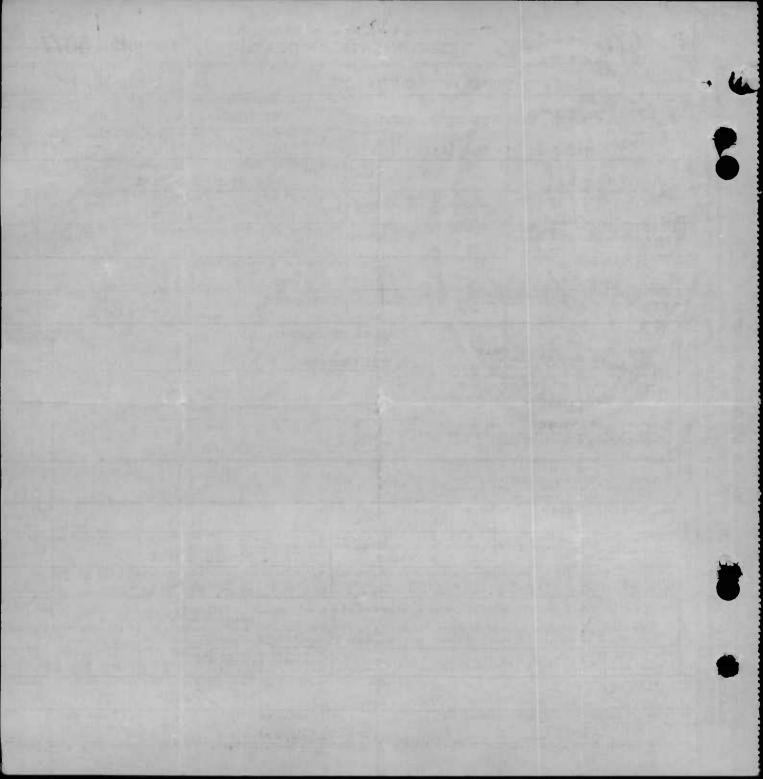
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1	BALTIMORE CITY HE CERTIFICATI	
	1. NAME OF DECEASED (Type or Print) GEORGIA MARI	LIN 2. DATE OF May 27, 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF 'f not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission Maryland
	HOSPITAL OR INSTITUTION location location location	c. CITY OR TOWN (If outside corporate links, write BURAL and give township
2-0-0	Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 877 W. Fairmount Avenue
	female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Monder I Vear last birthday) Dec. 2, 1882 9. AGE (In years of Monder I Vear Months) Months: Days Hours Min.
3	10A./USUAL OCCUPATION (Give kind of work dozeduring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chester. S. C. 12. CITIZEN OF WHAT COUNTRY W.S.Q.
	Andrew Taylor	14. MOTHER'S MAIDEN NAME Cindia Lee
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no priunknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Thelma Kiser, 877 W. Fairmount Ave.
	DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN DISET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ensive cardiovascular disease

(C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED

OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident , suicide , homicide , undetermined .

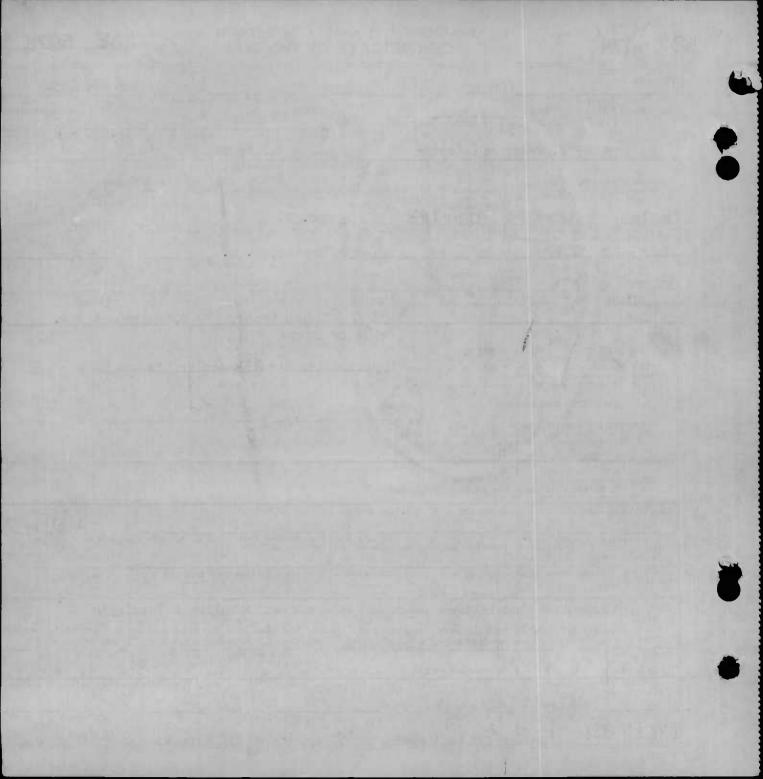
23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER....
MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMA-V 24B. DATE 24c. NAME DE CEMETER CREMATORY 24D LOCATION (City, toy RECEIVED BY STRAK'S SIGNATURE REG

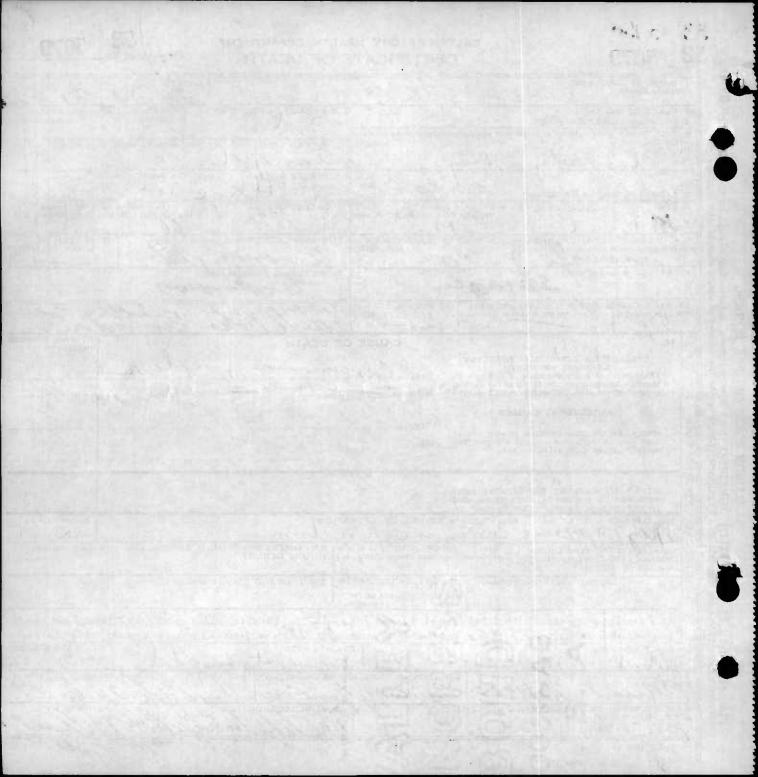
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ied.	(T	NAME OF DECEASED THEL SPRIGG	S 2. DATE OF DEATH ME	, 29 1952
pplied	А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	4. USUAL RESIDENCE (Where deceased lived, If in a. STATE B. COUNTY C. CITY OR TOWN (If outside corporate limits,	before admission)
Dr.	IN	University Hospo Yrs.	D. STREET ADDRESS, (If rural, give location)	township)
be can	-	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Many Month	nder Year If Under 24 Hours ths Days Hours Min.
should	1C worl	DA. USUAL OCCUPATION Give kind of k done during most of working life, evap if retired INDUSTRY	1011 68	2. CITIZEN OF WHAT COUNTRY?
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	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17 NFORMANT / 15 lealt	Bes are.
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	of DEATH	INTERVAL BETWEEN ONSET AND DEATH
RESERVED I INK. Every please write tl		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES		
. 75	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
MARGIN UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	AL	198 DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	rellin	20. AUTOPSY?
WITH Wortant.	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death		e exact location)
Alla im	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK		
RITE PL. is especia		22. I hereby certify that I attended the deceased from deceased alive on many 29, 1952, and that death occur		
RIS			Monderaty Hospital	23c. DATE SIGNED
PLEASE correct age	TIC	mual 6/2/1932 astrung	Genelery annapolis a.	A. 60.Ml.
PLEAS		MAY 30 1952 Huntington Williams Miss	Who lepastes Extlicho 45	Willwest &
		VS 150	arrapple	0,36.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5080

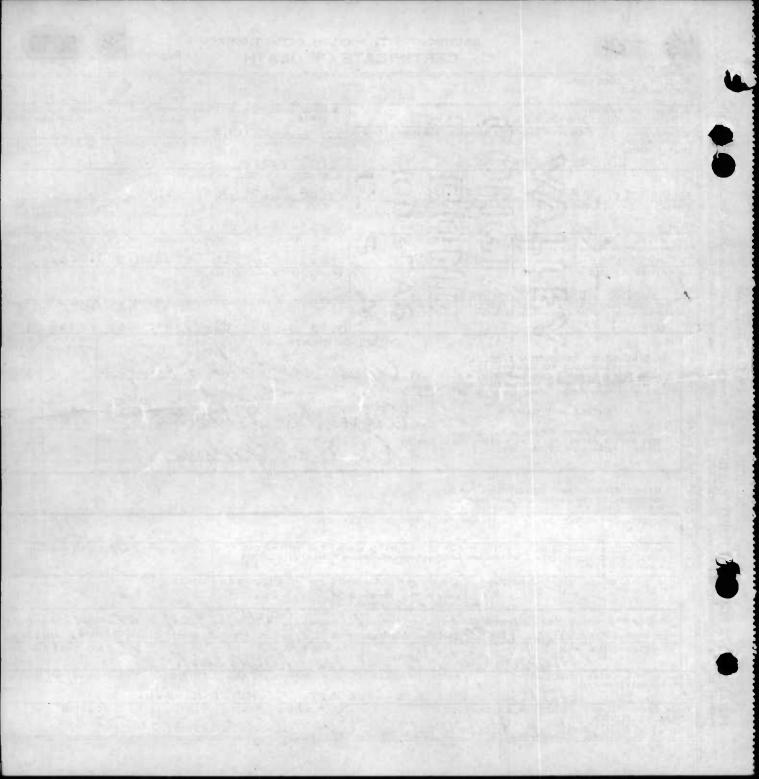
BIRTH NO.	- OI DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
James Odom	OF DEATH May - 28-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give
26 North Eden Street	Baltimore 5-0/ township
Yrs.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 29 Yrs. Mos. Days	26 North Eden Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under I Year Is Under 24 Hours Inst birthday) Months: Days Hours Min.
Male Col. Married	April-27-1888 64
10a. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY
Carpenter Odds Jobs	Rolland North Carolinia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Franklin Odom	Bell Odom
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT NAMED TE CITY
No	Rose C. Odom 814 Green Ave Brooklyn
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ionla Irbrilletin Decastum
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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K	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from/	, 1958, to May, 1953that I last saw th
deceased alive on Man 2,119 Tand that death occur	
	38. ADDRESS AS LUIK A 23C. DATE SIGNED
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	
Burial 5/31/1952 McQuade Ceme	tary Rolland N.C.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS

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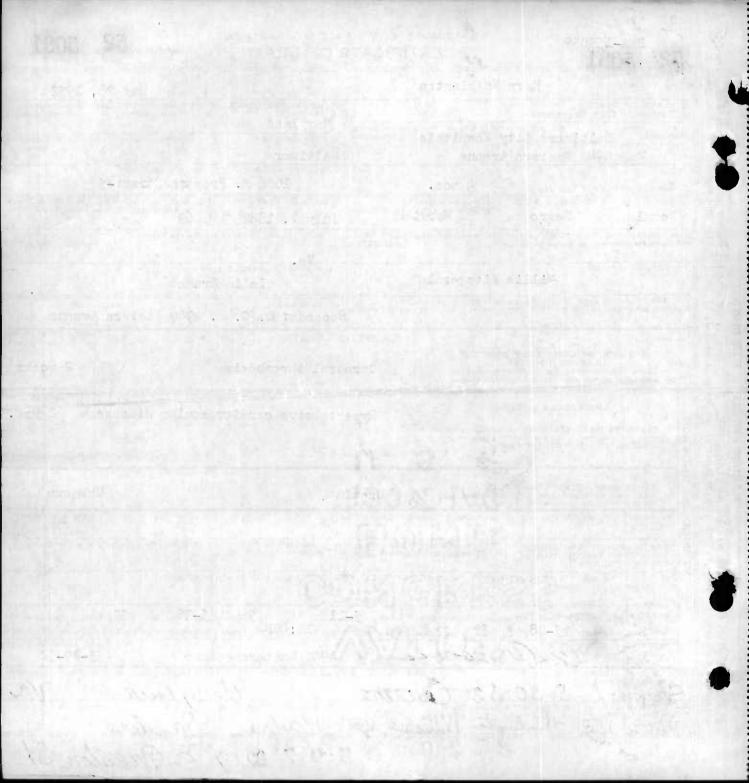
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BALTIMORE CITY HEALTH DEPARTMENT REA-159059 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Mary Washington (Type or Print) DEATH May 28, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside tyrporate limits write RURAL and give 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1006 E. Preston Street-5 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | If Under I Year last birthday) Months Days Hours Min. WIDOWED DIVORGED (Specify) Female Negro July 7. 1882 IOA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Willis Fitzgerald India Branch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Records: B. C. H. 4940 Eastern Avenue 18. / CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral thrombosis weeks (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive cardiovascular disease 2 yrs. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RT OTHER SIGNIFICANT CONDITIONS CON-Uhknown Uremia TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL NOX YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 19_52to_ 5-28 , 152, that I last saw the 22. I hereby certify that I attended the deceased from. _ and that death occurred at 10: 40Pm., from the causes and on the date stated above. 1952 deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 5-29-52 BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 28. FUNERAL DIRECTOR MAY 3 1 195

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12. CITIZEN OF

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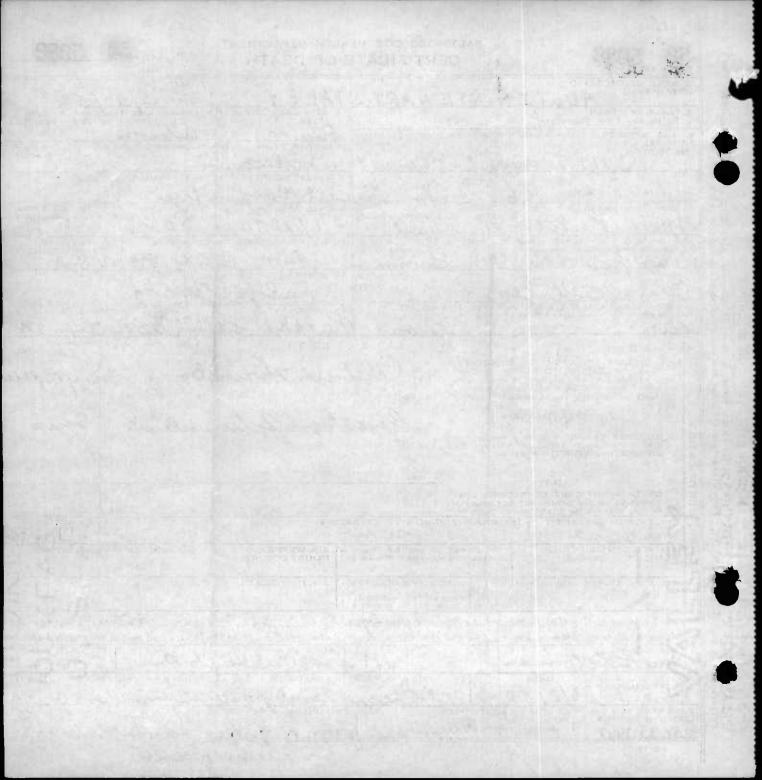
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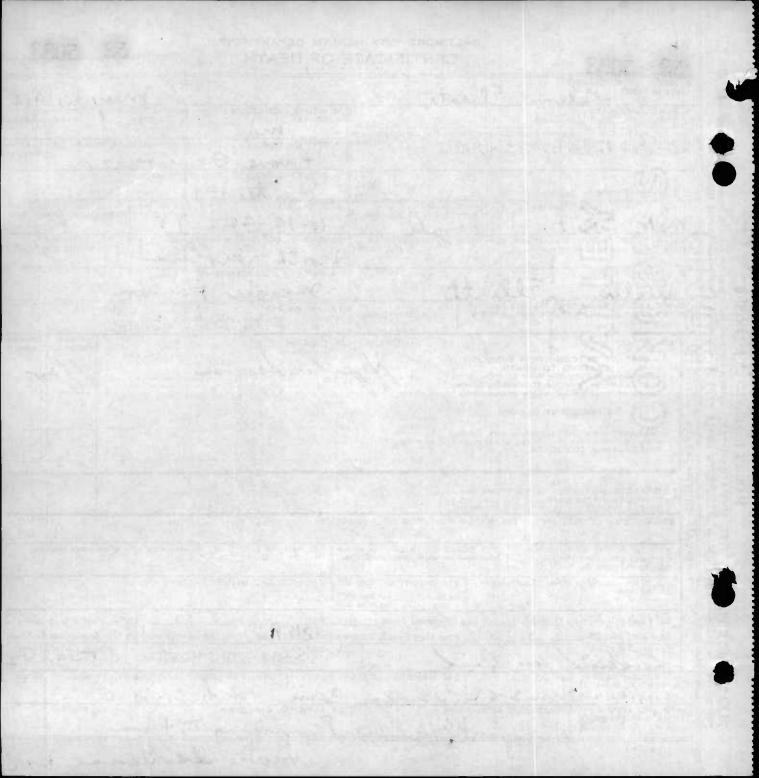
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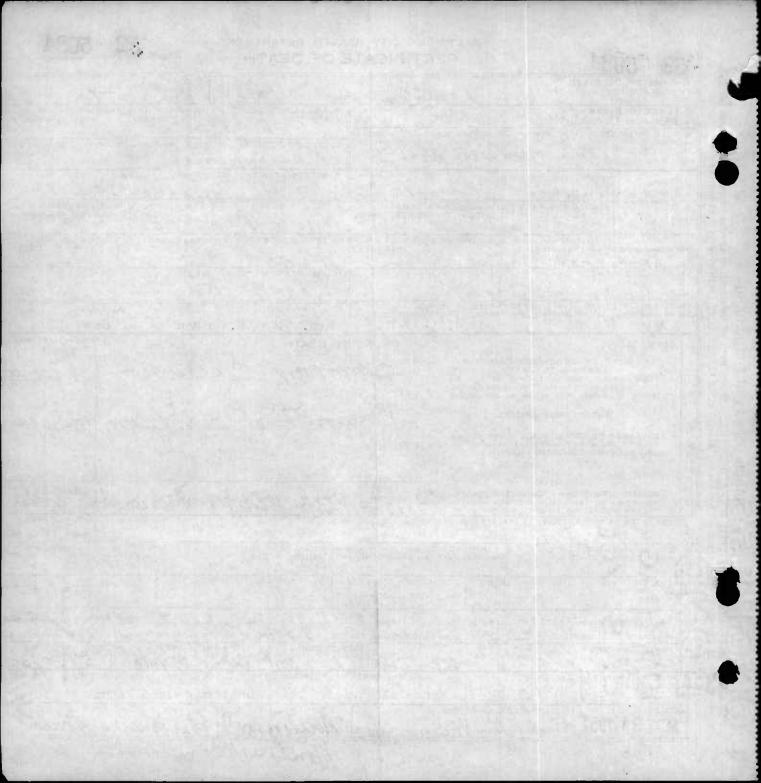
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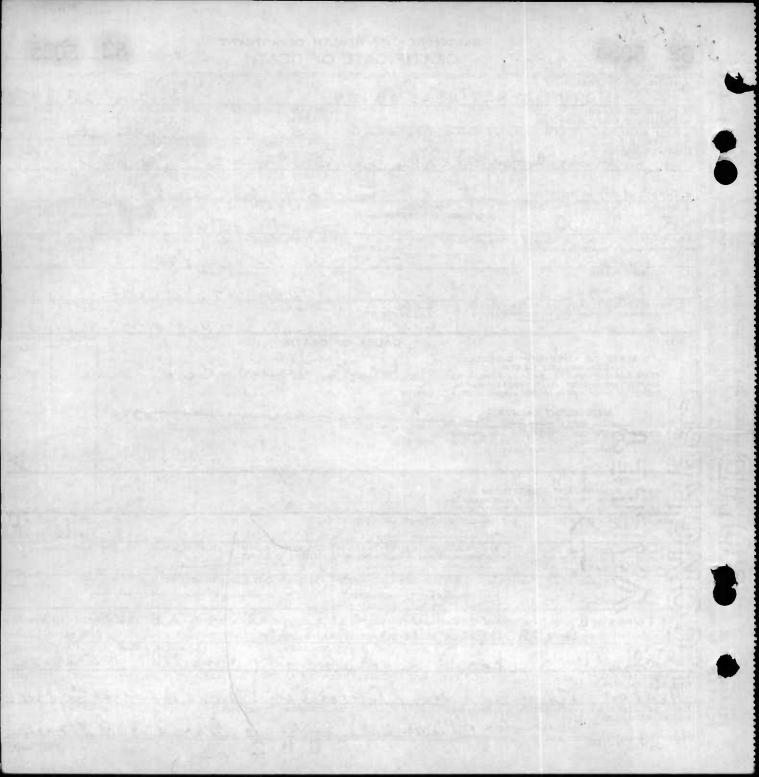


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12. CITIZEN OF

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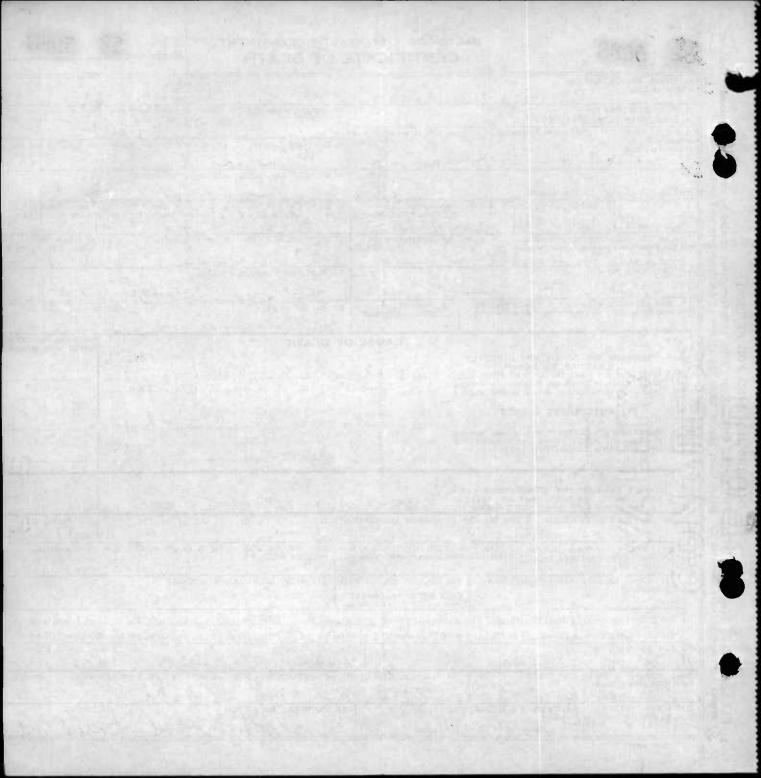
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(Тур		LAURA MARY			DEATH	27, 1952
B. FL HOS	LACE OF DEATH: altimore City, Marylan JLL NAME OF (If not in FITAL OR ITUTION	hospital or institu	erts Place ation, give street address or Iocation)		B. COUNTY	institution; residence before admission) is, write HURAL and give township)
c. L	ength of stay in Baltim	ore 60	yrs. Yrs. Mos. Days	D. STREET ADDRESS (If 3609 Rol	rural, give location) berts Place	
5. SI	female white	WIDO	E. MARRIED, WED, DIVORCED (Specify) Idowed	8. DATE OF BIRTH August 15-1874		onths Days Hours Min.
work do	USUAL OCCUPATION (Given the control of the control	retired)	D OF BUSINESS OR INDUSTRY	Germany		12. CITIZEN OF WHAT COUNTRY
13. 1	-AIRERS NAME	unkno	wn	14. MOTHER'S MAIDEN NA	unknown	
15. \ (Yes, n	WAS DECEASED EVER IN U.S. no or unknown) (If yes, give weat	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Michael E. Gerick		DDRESS
	injury or complication w	It means the dises hich caused dead	ase, th.) DUE TO			
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MEDICAL CERTIFICA	ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT OF TRIBUTING TO THE DEATH TO THE DISEASE OR CON- 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNLE LYING OR CONTRIBUTE CAUSE OF DEATH 21D. TIME (Month) (Day) DF INJURY 22. I hereby certify that deceased alive on 23A. SIGNATURE BENOVAL (Specify) ABOUND CREMA- BURGAL CREMA-	CAUSES DNS, IF ANY, GIVE (A) STATING TO NEE (A) STATING TO NEST. CONDITIONS CO., BUT NOT RELATION CAUSING 19B. MAJO DER. 21B. Pl NG About home (Year) (Hour) t I attended the y 27, 1972	(B) (B) (C) (C) (C) (C) (C) (C)	RATION in or 21c. WHERE DID (1 obc.) INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 10 pm., from to 23B. ADDRESS INV SEMATORY 24D. La	if in Baltimore City,	give exact location) Athat I last saw the date stated above 23c. DATE SIGNED 5-30-52, or county) (State)

HYARD RESTAURANTED AND A STREET Teens (2.) neon , and the . Frenching . the colling on the feet with a treatment of the party of the second seco

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	HILL	Sortant.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Edgar Grafton Miller DEATH May 30, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, white RURAL and give INSTITUTION 525 W. 27th Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 525 W. 27th Street 50 years Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | If Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours; Min. WIDOWED, DIVORCED (Specify) April 18, 1875 Male Married White 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or forcign country) 10B, KIND OF BUSINESS OR work done during most of working life, even if retired)
Engineer (Retired) INDUSTRY Railread Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hezekiah Best Miller Ella Cooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. No 18. 422, CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CA 正 ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION DICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE ATT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 3 30. 195 Land that death occurred at. H.m .. deceased alive on S 23A. SIGNATURE 23B. ADDRESS 249 NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-June 2. Burial Weisburg DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Burgee Funeral Home Muntingson VS 150

WHAT COUNTRY Mrs. Mary H. Moore 1630 Lechwood Road INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY (If in Baltimore City, give exact location) 19. That I last saw the from the causes and on the date stated above. 23C DATE SIGNED Baltimore Co., Maryland 3631 Falls Road

before admission)

12. CITIZEN OF

township)

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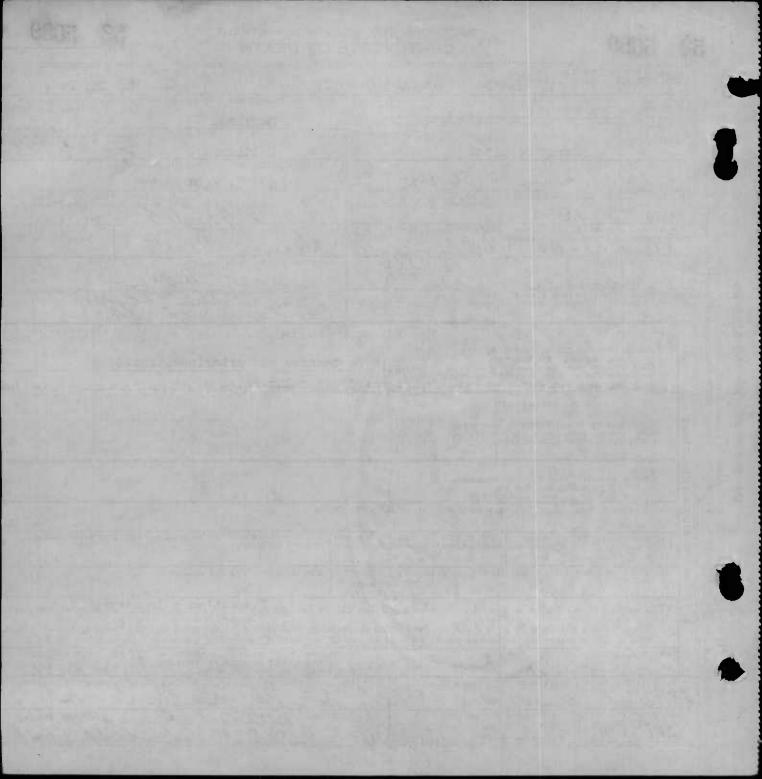
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5089

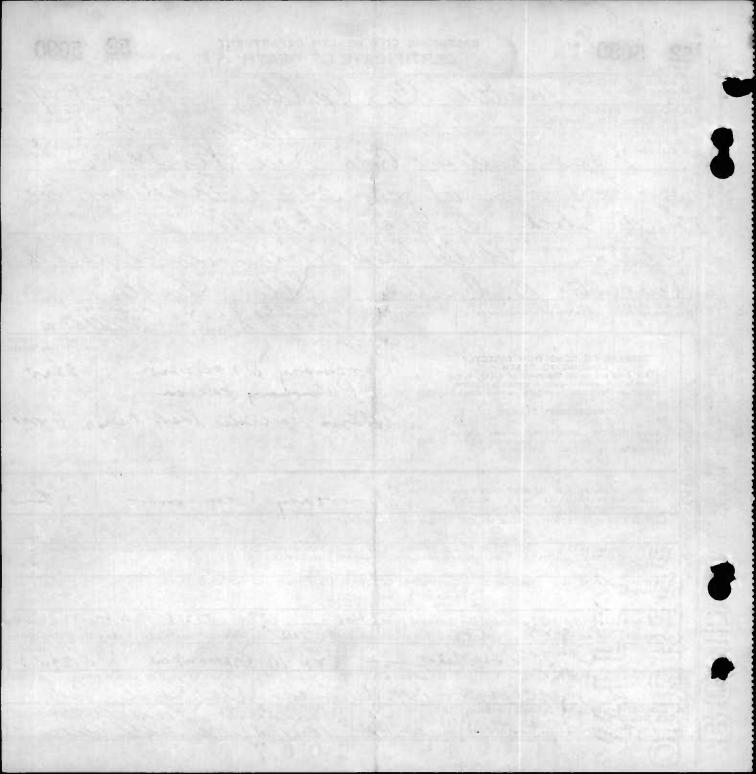
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1. NAME OF DI (Type or Print)		HOLLADD	000	.mm	2. DATE OF	2222
	JAMES	HOWARD	SCO		DEATH MAY	28, 1952
A. Baltimore C	Sity, Maryland			4. USUAL RESIDENCE (W	here deceased lived. If is B. COUNTY	nstitution : residence before admission
S. FULL NAME		institution, give street ac		Maryland		411
NSTITUTION			.ocation)		outside corporate limits,	write RURAL and giv township
	Mercy Hospit	al	77	Baltimore		
		51 0400	Yrs. Mos.	STREET ADDRESS (If i		
c. Length of st	tay in Baltimore 6.COLOR OF RACE 7.5	SUNGLE MARRIED	Days	. DATE OF BIRTH	th Street 9. AGE (In years)	Inder I Year If Under 24 Hours
	V	SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify)	net and col		ths Days Hours Min
Male	Colored	KIND OF BUSINESS	C D I	1. BIRTHPHACE (State or for	raign country)	In Citizen of
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ALWS A	Dealer 1	ally pays	ella!	4. MOTHER'S MAIDEN NA	N. U-	
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5 WAS DECEASE	D EVER IN U. S. ARMED FOR	CEST 16. SOCIAL		mary	Ruse	
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18.443	X	CA	USE OF	DEATH		ONSET AND DEAT
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	ANTECEDENT CAUSES					1 1 2 1 0 1
DISEASES	OR CONDITIONS, IF ANY	(B)			***************************************	
RISE TO TH	HE ABOVE CAUSE (A) STAT TING CONDITION LAST.					
UNDERLY	ING CONDITION LAST.	(C)		•••••	***************************************	
	11					
	IGNIFICANT CONDITION TO THE DEATH, BUT NOT					
TO THE DI	SEASE OR CONDITION CAU					
19A. DATE OF	F OPERATION 198. M	AJOR FINDINGS OF	OPERAT	ION		20. AUTOPSY?
		B. PLACE OF INJURY	/	21c. WHERE DID (If	in Baltimore City, giv	YES NO
UNDERLYING	OR CONTRIB- abou	thame, farm, factory, street, of			. In Daitimore City, giv	ve exact location)
UTING	AUSE OF DEATH.					
OF INJURY	Month) (Day) (Year) (Hou			21F. HOW DID INJURY	OCCUR?	
	m. WORK AT WORK					
22. I certif	y that I took charge o	f the remains descr	ribed abo	ve, held an Inspecti	on & Inquiry	thercon and from
the cvic	dence obtained by said	Autopsy. Inspectio	on or Ing	uiry, find that said de	nspection or Inquiry ceased died on the	day stated above
and dec	th in my opinion resu	lted from: natural	eauses	3, accident □, suicide	□, homicide □, un	determined .
23A. SIGNAT	URE	2 1		238. CHIEF MEDICAL E ASSISTANT MEDICAL E		DATE SIGNED
	uley / A. Il	moen	M.D.	MEDICAL INVESTIGATO	OR □ M8	ay 29, 1952
ION REMOVAL (SI	REMA- 248 DATE	24c. NAME OF C	EMETERY	ORCREMATORY 24D. LC	CATION (City, town of	r county (State)
surrel	May 31, 19	52 Ushu	lus 1	nem The	allo Co.	INd.
DATE RECEIVED LOCAL REGISTS		NATURE	25	5. FUNERAL DIRECTOR	& Luners	DERES Vine
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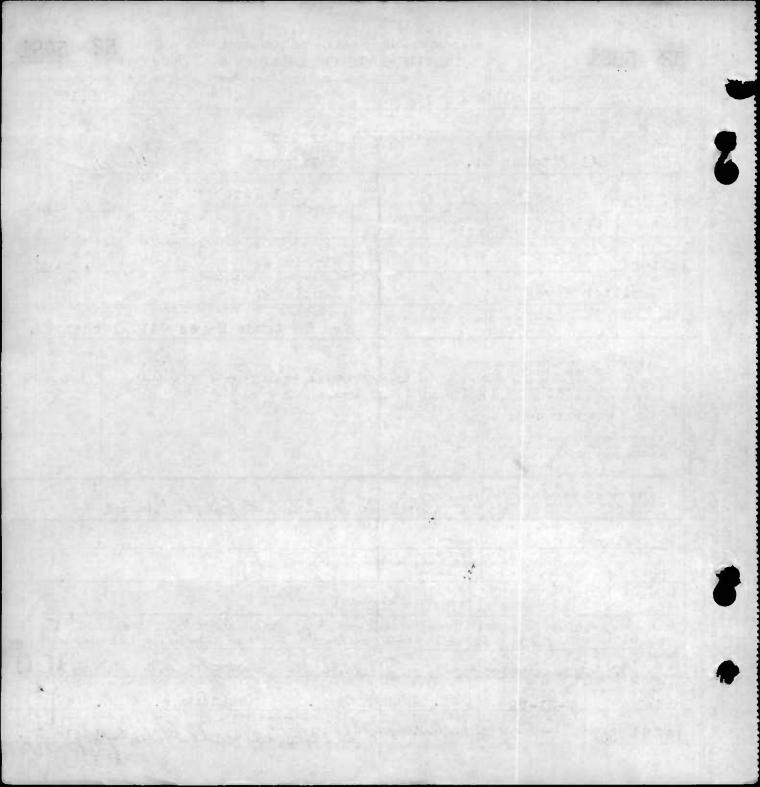
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where dec institution : revidence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) corporate limits write RURAL and give INSTITUTION Mos. c. Length of stay in Baltimore M. Davs should be If Under 1 Year Months Days Hours Min. last hirthdaw) learly AL OCCUPATION (Give kind of ring most of working life, even if retired) 12. CITIZEN OF information s of death cle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO. causes INTERVAL BETWEEN 18. 420.0 CAUSE ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., otc.) (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 190 2 that I last saw the 1939, to V128 ugo -22. I hereby certify that Lattended the deceased from_ RITE is espe deceased alive on J. 2 9 1942 and that death occurred at 1.45 m., from the causes and on the date stated above. 23A. SIGNATURE M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24CENAME OF LEMETER PLEASE correct a DATE RECEIVED BY LOCAL REGISTRAR VS 150

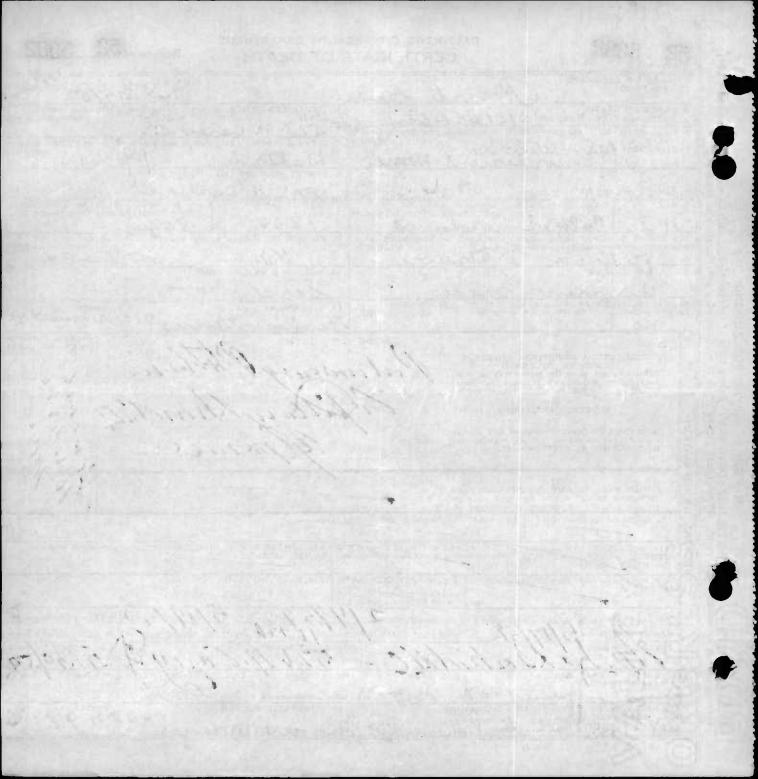


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HI		200 BALTIMORE CITY H	EALTH DEPARTMENT 52 5004
he	ВП	52 5091 CERTIFICAT	E OF DEATH Registered No.
d.	i. (T)	NAME OF DECEASED With the Print Hamilton Haves	2. DATE OF May 28,1952
pplied	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
2	B. I	FULL NAME OF (If not in hospital or institution, give street address of location stitution) 641 Pitcher St.	
egib	C.	Yrs. Mos. Length of stay in Baltimore Baltimore	DAL PITCHPY SL-
ld be	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years If Under I Year II Under 24 Hours
on should clearly an	work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even lifretired) Vaiter Married 10B. KIND OF BUSINESS OR INDUSTR	Virginia 11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY? U. S. A
information s of death cl	13	Hamilton Hayes	14. MOTHER'S MAIDEN NAME Annie ?
of info	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Gertrude Hayes 641 Pitcher St.
INK. Every item of i	NOIL	This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	of DEATH acute Endocarchts berente Infection interval Between onset and Death 3 works
UNFADING Physicians:	RTIFICAL		
	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	Prostatitio = Retestin Urinae
WITH ortant.	CAL	21a. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e.g.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
nFort	MEDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	,etc.) INJURY OCCUR?
All		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY MHILE AT NOT WHILE MORK AT WORK	E
TE PLA especiall		22. I hereby certify that I attended the deceased from deceased alive on May 23, 1952, and that death occur	Lay 26, 1954, to May 27, 1962, that I last saw the urred at 9:15. Q.m., from the causes and on the date stated above.
15.		200 SIGNATURE Jawrence M.D.	1033 W. Lanvale St. May 29, 1952
PLEASE, correct age	TIC	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET 1. Auburn 5-31-52	
PLE	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR Tuntington Williams My	MA transes a. Heurs address 578 W.





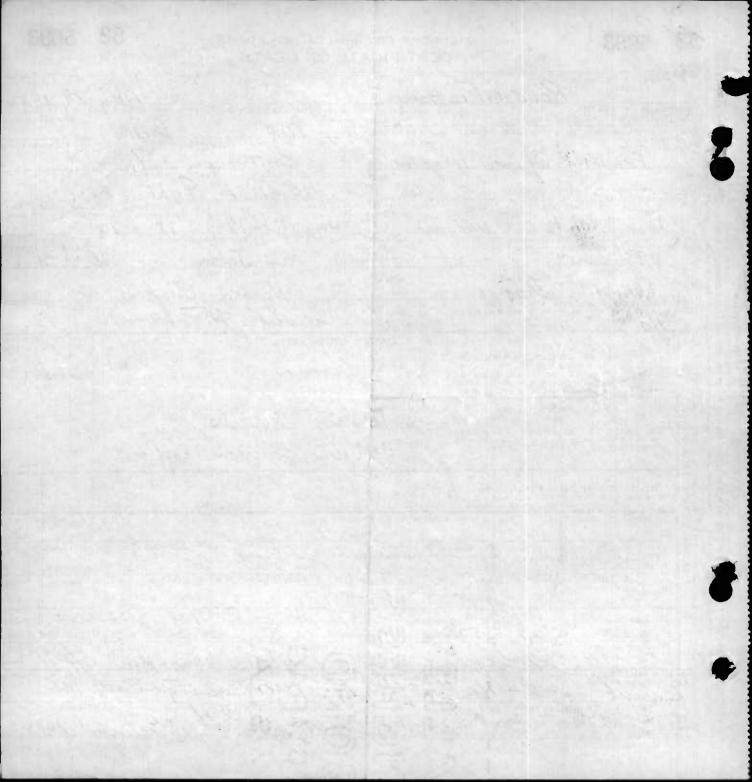
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BALTIMORE CITY HEALTH DEPARTMENT

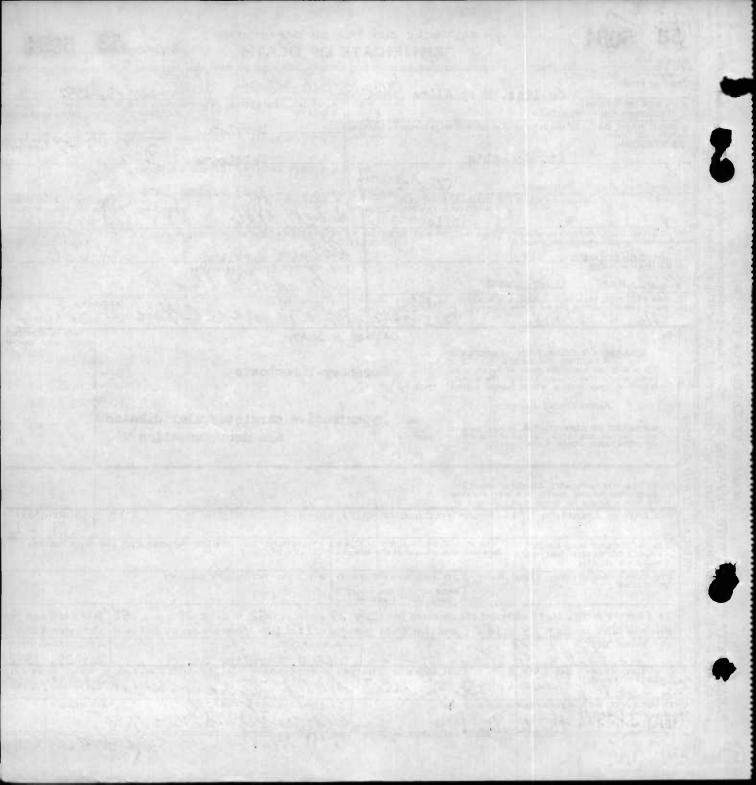
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BIR	TH NO.			CERTIFICAT	E OF DE	ATH	Regis	tered No	
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	PLACE OF D Baltimore (EATH: City, Maryland	/		A. STATE	SIDENCE (W		lived, If insti	itution : residence before admission
HOS	ULL NAME SPITAL OR TITUTION	OF (If not in hosp	ital or institu	tion, give street address location	c. CITY OR TO	OWN (If	outside corpor	ate limits, wi	rite RURAL and giv
36		AKlid Deu	me 1	tospital	BE	Mimor	ee	8-0	township
c. I.	ength of s	tay in Baltimore		60 Mee	15-	IL E.	REST	- 1	<i>\(\)</i>
5. S	Fe	6. COLOR OR RAC	WIDO	E. MARRIED. WED, DIVORCED (Specif	July 17.	1877	9. AGE (In	rears Under	Days Hours Min
10A.	. USUAL OC	CUPATION (Give kind	of 10B. KIN	D OF BUSINESS OR INDUSTR	11. BURTHPLA	CE (State or fo	reign country)	12.	CITIZEN OF
13.	FATHER'S	Yame NAME			14. MOTHER'S	MAIDEN NA	CY ANE O	16	N.a.
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Yes,	no or unknown)	ED EVER IN U. S. ARM (If year give war or de	FO FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAL	ism H	Fisher.	-2506	RESS
1	18. 260	X			OF DEATH				INTERVAL BETWEE
	(This does	LEADING TO DE not mean the mode re, asthenia, etc. It m	ATH of dying, e.	g., (A)	Como		••••		124.
	injury or	complication which	caused deat	h.) DUE TO					
NO	DISFASE	ANTECEDENT CAU		(в) Ди	beter s	nelites			_
CATI	RISE TO T	HE ABOVE CAUSE (A) STATING T	HE DUE TO DUE	elie go	ngreno	tyl	foot	
ERTIF	TRIBUTING	II IGNIFICANT CONI TO THE DEATH, BU	NOT RELAT	ED			V		
AL C		F OPERATION		R FINDINGS OF OPE	RATION	- 1200			20, AUTOPSY?
EDIC		ENT WAS UNDER- R CONTRIBUTING[DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg	in or 21c. WHEF		f in Baltimore	City, give	exact location)
≥ -		Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCUR	E ,	DID INJURY	OCCUR?		
		y certify that I a	ttended the		5/27/52,1	9, to	5/29	, 195-24h	nat I last saw th
	deceased al		195	and that death occi	erred at 2	m., from th	he causes an		ate stated above
214	. BURIAL.	REMA- ZAB, DATE	be	M. D.	1 mol	lin o	give /	1000	5/2//52
TION	REMOVAL (S	pecify) 6-2-	-1952	Nost HOLY	redeem		ait Pd-	Balto	· Mole (State)
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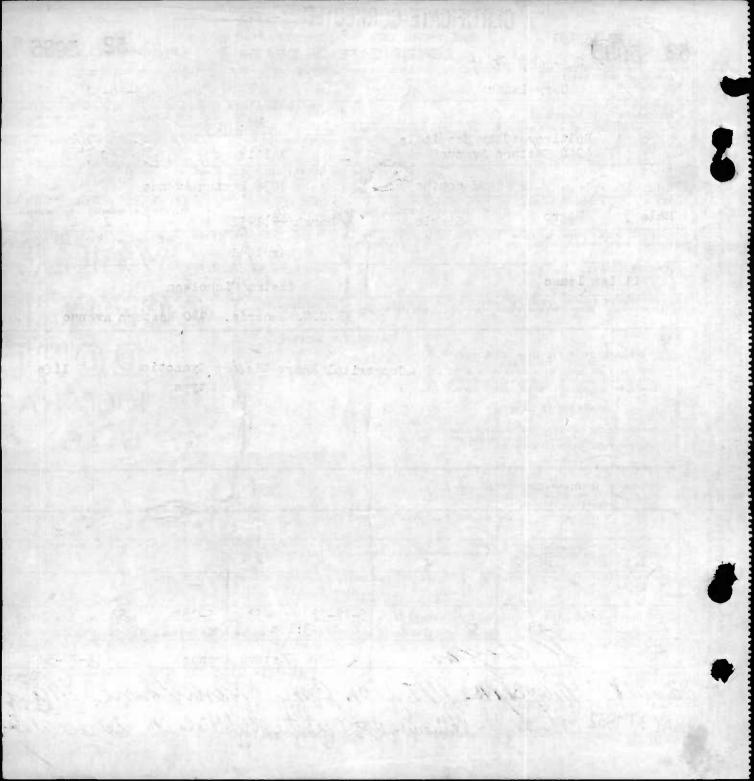


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-	4	52. 5094 BALTIMORE CITY HEALTH DEPARTMENT	5004
	BI	CERTIFICATE OF DEATH Registered	5094
		NAME OF DECEASED Sype or Print) 2. DATE OF	
		Collins. Mary Alice Many auth Court DEATH May 29.	1952
	-	. PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If inst B. COUNTY'	itution : residence before admission)
		FULL NAM OF (If not in hospital or institution, give street addless or OSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, w	
.	130	EXPLOSION (II outside corporate mais, w	township)
2	. 1	St. Joseph's D. STREET ADDRESS (If rural, give location)	
9	c.	Length of stay in Baltimore Life Mos. Days 3523 Brehms Lane	
2	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years filed 9. AGE	si Days Hours Min.
2		F W. Single Single 1886 65 10	12
3	mork 10	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. INDUSTRY	CITIZEN OF
	13	Housekeeper Salumon, Moryland 1. 3. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME.	D.a.
200	1	William Collins Soliah Olillian	
3		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDI	PESS A
2	(100	os, no or unknown) (If you, give war or dates of service) SECURITY NO. 100 No.	23 Brelins
2 12		18. 420.1 CAUSE OF DEATH	INTERVAL BOWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSE! AND DEATH
5		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	
		injury or complication which caused death.) DUE TO	
	_	ANTECEDENT CAUSES	
3	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO And decompensation	
-		UNDERLYING CONDITION LAST.	
	FIC		
200	RTI	OTHER SIGNIFICANT CONDITIONS CON-	
3	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
.	اب	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3	DICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in pr 21c. WHERE DID (If in Baltimore City, give	exact location)
3	ш	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	
5		OF INJURY WHILE AT NOT WHILE AT WORK M. WORK AT WORK	
		22. I hereby certify that I attended the deceased from May 29, 1952, to May 29, 152, t	hat I last saw the
420		deceased alive on May 29, 1952, and that death occurred at 7:10p.m., from the causes and on the	late stated above.
2	9		3c. DATE SIGNED
0	24	4a. BURIAL, CREMA-1 24b. DATE 24c NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, gr	av 29, 1952 coupty) AL (State)
3	D	on removal (sperity) June 3 1980 Mill (Pottleder 1) A Laboration and my	Walto: Ma
	_		DDRESS
,		MAY 3 1 1954 Huntington Williams was George & Juth MC - 17.35	
		VS 150 Hauf	nd live-



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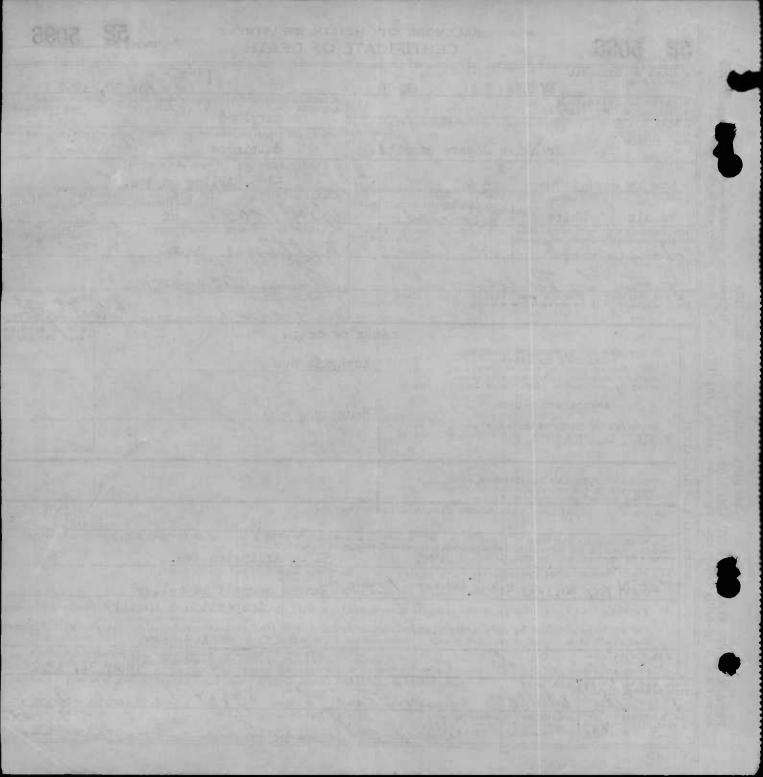
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5096

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5096

<u>o</u>	BIRTH NO.	
Ē	1. NAME OF DECEASED (Type or Print) EVELYN AMMON	2. DATE OF DEATH May 30. 1952
plied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
a	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	INSTITUTION Franklin Square Hospital	Baltimore / 8-0 5 township)
oly.	Yrs.	D. STREET ADDRESS (If rural, give location)
egil	c. Length of stay in Baltimore 46	51 S. Arlington Ave. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year N Under 24 Hours
nd l	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Female White 7. A PRICE (Specify)	6/14/1905 last birthday) Months: Days Hours: Min.
should be carearly and legibly.	10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
lear	House work at home	Baltimore Ind. WHAT COUNTRY?
th c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dea	19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS!
information shous of death clearly	(If yes, give war or dates of service) SECURITY NO.	mr med ammon - arlington
of	18. E 9 74 X , CAUSE (OF DEATH INTERVAL BETWEEN
item ne cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	howed a dua
th.	(This does not mean the mode of dying, e.g., (A)	hyxia due
Every ite	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
	Han	aging
INK. please	O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
NG.	II Y	
UNFADING Physicians:	C OTHER SIGNIFICANT CONDITIONS CON-	
hys	비 TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOPSÝ?
H .	U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO X
WITH important.	21a. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB. Doubt home, farm, factory, street, office bidg., of UTING OF CAUSE OF DEATH.	n or 21C. WHERE DID (If in Baltimore City, give exact location)
por	UTING CAUSE OF DEATH. HOME	51 S. Arlington Ave.
	21D. TIME (Month) (Day) (Year) (Hourp. 21E. INJURY OCCURRING Found May 30, 1952 5:30mm. WHILE AT NOT WHILE AT WORK	x Hanged herself in cellar
PLA! ecially		above, held an inspection & inquiry thereon and from
	the evidence obtained by said Autonsy Inspection or 1	Inquiry, find that said deceased died on the day stated above,
LITE is esp	and death in my opinion resulted from: natural causes	S ☐, accident ☐, suicide █, homicide ☐, undetermined ☐. 238. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
age i	Stanley &. Dunlacher M	ASSISTANT MEDICAL EXAMINER May 31, 1952
	24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEAS	Burial 6/2/52 London Par	25. FUNERAL DIRECTOR ADDRESS
4 2	- MAY REGISTERS Tuntington Wellingus Mar	John & Lowand Im Blockins
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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

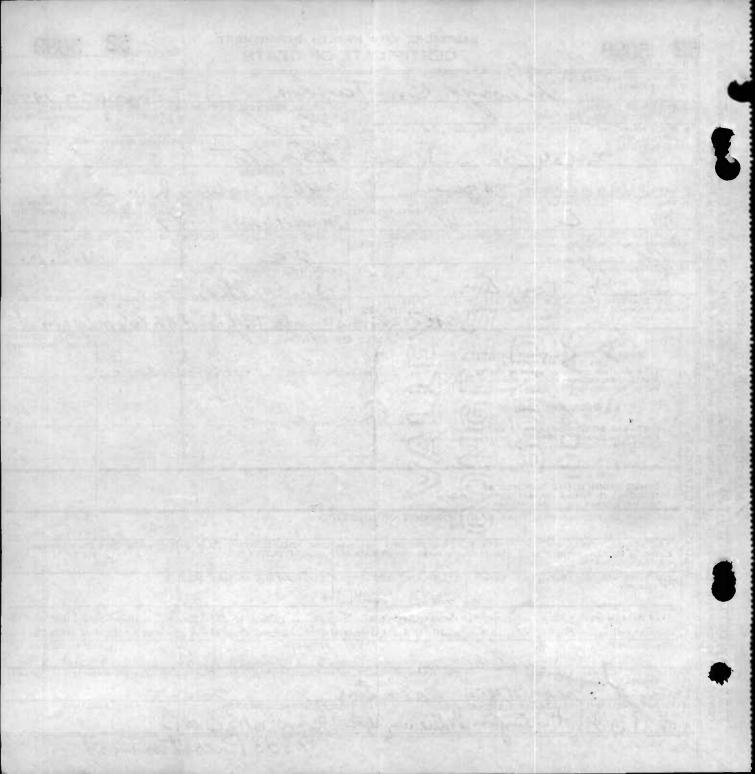
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В	RTH NO.			CERTIFICATI	OI DEATH		
	NAME OF D				•	2. DATE OF	
		JULIU	S A.	NAME OF THE PERSON OF THE PERS		DEATH MAY	
	Baltimore (City, Maryland			4. USUAL RESIDENCE (V	Nhere deceased lived, If B. COUNTY	institution: residence before admission)
В.	FULL NAME		al or institut	tion, give street address or location)	MARYLAND		
	SPITAL OR	2620 1	3 9 D			outside corporate limit	ts, write RURAL and give township)
1	4)	1612 Morre	Il Pa		BALTIMORE CI		5 0 6
				Yrs. Mos.	D. STREET ADDRESS (If		
[] ————	Length of s	tay in Baltimore		Life Days	1612 Morrell	9. AGE (In years)	If Under 1 Year If Under 24 Hours
3.			WIDOV	VED, DIVORCED (Specify)		last birthday) Me	onths Days Hours Min.
10	Male	White		rried	July 17-1888		
work	k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of 16	oreign country)	12. CITIZEN OF WHAT COUNTRY
15	Carpent		Gen.	Constr.	Baltimore Ma		U.S.A.
13					14. MOTHER'S MAIDEN N.		
		J. Thiele				ind	
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
				217-09-6911	Sophia Thiel	e 1612 Mor	
	18. 420	01/ 1		CAUSE	OF DEATH		DNSET AND DEATH
	DISEAS	SE OR CONDITION		Co	NORY OCC	16	- adMis
	(This does	LEADING TO DEA	of dying, e.	g., (A)	Many Cec	208/02/10	37-4011111
		re, asthenia, etc. It mes complication which		a.) DUE TO COR	COMORY ARTER	agerbeaging	
		ANTECEDENT CAUS	SES		MARY INSTA		12 Fen 4:
z				(B) COROI	VARVY //-ISVA	THENCY	doctor /
9		S OR CONDITIONS, I		HE DUE TO AND	BRIOSCIERONE	-C-V. DISA	00
N A	UNDERLY	YING CONDITION LA	AST.	(C)	******	***************************************	
III							
RTIFICATION	OTHER S	II SIGNIFICANT COND	ITIONS CO	N •			
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED			
			. (.	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y	_	FONE		-		District Co.	YES NO
EDICA		ENT WAS UNDER-		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
ME	CAUSE OF	R CONTRIBUTING DEATH	about nome,	NONE	INSORT OCCORT		
2		(Month) (Day) (Year	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY	NONE	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the deceased from S April 135, to 280034, 1862, that I last saw the						
	deceased a	live on 22 mg	1013	and that death achie	red at 3630 Pm., from t		
0	23A SIGNA		y 10 ,		3B. ADDRESS		23C. DATE SIGNED
1/2	Levas	J. T. 14.	lar		32 Washington	Riva.	31mx52
2	AA. BURIAL.	CREMA- 24B. DATE			RY OR CREMATORY 24D. L		
111	on, REMOVAL (S	May 31-	1052	Lorraine Par	mb Comptant W	oodlawn Man	rvland
P	ATE RECEIVE	D BY REGISTRAR			25 FUNERAL DIRECTOR	1	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH MOUL USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland . STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside emporate limits write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2404 Days 7. SVIGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | Wader | Year | If Under 24 Hours | last birthday) | Months! Days | Hours | Min. should may 10,1875 clearly 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during newstof working life, even if retired)

13. FATHER'S NAME INDUSTRY WHAT COUNTRY information death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMOD FORCES? of 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) SECURITY NO causes 6-12-766 ERVAL BETWEEN item OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING CATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from May & , 1952 to May 29 , 19 that I last saw the espe RITE is esp deceased alive on May 28, 1952, and that death occurred at 4:304-m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE. 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



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BALTIMORE CITY HEALTH DEPARTMENT

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	NAME OF DECEASED CARRIE R SWIF		2. DATE OF DEATH May 28, 195.	^
A.]	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived of institution : res	
HO	FULL NAME OF (If not in hospital or institution, give street address or location) 335 E. 25 LS.	C. CITY OR TOWN (If or	1600	and giv township
c.]	Yrs. Mos. Length of stay in Baltimore Days	235 E. 25 th	ral, give location)	
F	6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	S. DATE OF BIRTH	9. AGE (In years) II Under I Year Ho last birthday) Months Days Ho	nder 24 Hours urs Min
	N. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	11. BIRTHPLACE (State or fore	eign country) 12. CITIZEN WHAT C	
13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	1E	
15. (Yea,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL SECURITY NO.	17. INFORMANT Bessie B/lahr	ADDRESS	
	18. 420.0 CAUSE	OF DEATH	INTERVAL ONSET AN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	natural astrainscreas	is 2 year	<u>.</u>
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING	não Myse anditis	lic Heart Diene	0.
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	us Anemia	641	5
CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUT	OPSY7
EDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., cAUSE OF DEATH		in Baltimore City, give exact loca	tion)
Σ -	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY m. WHILE AT WORK AT WORK		OCCUR?	
	22. I hereby certify that I attended the deceased from	, 194k, to 77	16428, 195 7, that I last	saw th
-	deceased alive on MAYLX 10 A L and that death account	Treater the, from the	canses and on the date state	
-	23A. SIGNATURE 23A. SIGNATURE While and Expend Day M. D.	38. ADDRESS 4-2-330 Ct	18: 23c. DATE	
24. Tio		9- E-33 D St	CATION (City, town, or county)	

Dr. M. E. Day. 3424 Gulford June 4,6 331

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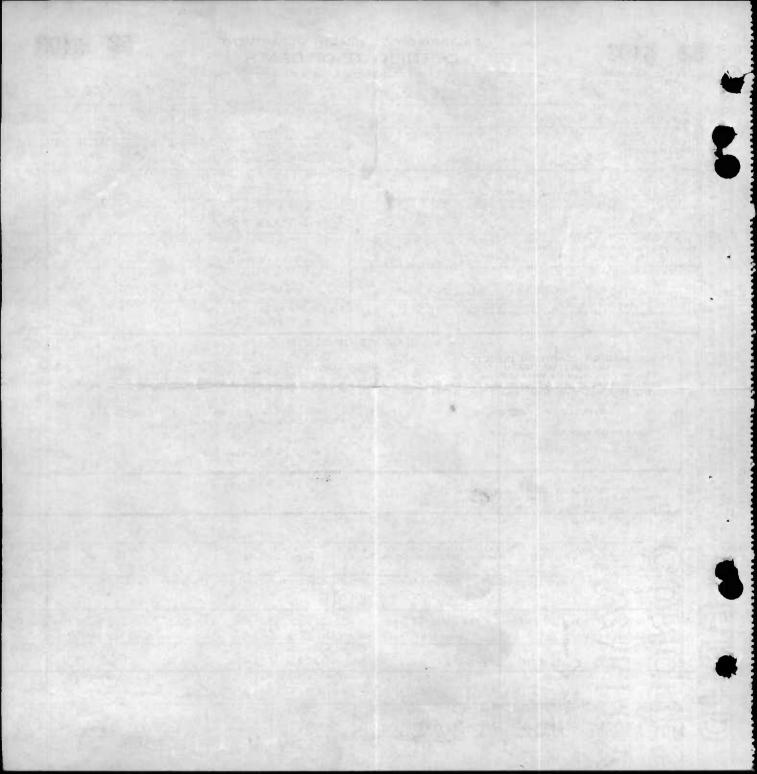
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5	510	2		CERTIFICATI			652 5102	
(T)	NAME OF DE	JO	HANNA I	ANDON		2. DATE OF DEATH MA	V 7 7 7	
	PLACE OF DE Baltimore C	ATH: ity, Maryland			4. USUAL RESIDE	NCE (Where deceased lived		
B. HC	FULL NAME O SPITAL OR STITUTION		ital or institut	ion, give street address or location)	C. CITY OR TOWN	(If outside corporate)	imits, write RURAL and give township)	
毕			St. Jose	ph's Hospital	Baltimor		3	
		ay in Baltimore		life Mos.	b. STREET ADDRESS (If rural, give location) 824 S. Clinton Street - 24			
5.	SEX Female	6.COLOR OR RAC	WIDOW	E. MARRIED, VED, DIVORCED (Specify) Married	Dec. 26,18	last birthday)	Months Days Hours Min.	
		CUPATION (Give kind working life, even if retire	d)	O OF BUSINESS OR INDUSTRY home.	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S N	AME			14. MOTHER'S MA			
		Joseph Ke			Barbar	a Turner		
15 (Yes	, no or unknown)	D EVER IN U. S. ARM (If yea, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	don 824 S.Clin	ADDRESS	
	18. 581	.0.		CAUSE	OF DEATH	4011. 021 500 221	INTERVAL BETWEEN	
ERTIFICATION	DISEASES	complication which ANTECEDENT CAL OR CONDITIONS, 15 ABOVE CAUSE (A	JSES IF ANY, GIVINA) STATING TI	(B) Civ	shore of	liver Leurt Deiese		
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA				ATION		20. AUTOPSY?	
FDICAL	21A. ACCIDE LYING OR CAUSE OF E	ENT WAS UNDER CONTRIBUTING		ACE OF INJURY (e. g., li farm, factory, street, office bldg., c			ty, give exact location)	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJURY OCCUR? WHILE AT WORK AT WORK								
	22. I hereby	y certify that I a	ttended the	deceased from M			952, that I last saw the	
	deceased al		9, 19.52	and that death occur	red at 2:552 m.	, from the causes and o	on the date stated above.	
	23a. SIGNAT	1.0.	lof	ay h m.o.		oline Street -1	23c. DATE SIGNED 3 May 29,1952	
	burial, con Removal (S) Burial	Pecify) May 31	1952	Baltimore Cemete		E. North Ave.	, Balto. Md.	
	ATE RECEIVED		ngton /	Villiams MED.	Sharles &		onkling Sto	
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	BIRTH NO.							
	1. NAME OF DECEASED (Type or Print)							
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	B. HC	FULL NAME OF (If no DSPITAL OR STITUTION						
y.	INSTITUTION							
death clearly and legibly								
of le	c. Length of stay in Bal 5. SEX 6. COLOR							
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eath		Gerard Doyl						
of d	15	. WAS DECEASED EVER IN I						
ses	(Yes, no or unknown) (If yes, give							
can		18. 42011						
the		DISEASE OR CON LEADING (This does not mean t						
ite		heart failure, asthenia, injury or complication						
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Ph	CER	TRIBUTING TO THE DE						
ıt.	AL	19A. DATE OF OPERAT						
rtaı	MEDICA	21A. ACCIDENT WAS						
odu	ME	CAUSE OF DEATH						
Iy 7		21D. TIME (Month) (D OF INJURY						
especial		22. I hereby certify t						
espe		deceased alive on						
18		23A. SIGNATURE						
D		Navara						

BALTIMORE CITY HEALTH DEPARTMENT

52 5104

BIRTH NO.	CERTIFICAT	E OF DEATH Reg	gistered No.			
1. NAME OF DECEASED		2. DATE				
(Type or Print)	James P. Doyle	OF DEAT				
A. Baltimore City, Maryland 6	300 Old Harford F	4. USUAL RESIDENCE (Where deceased A STATE B. C	sed lived. If institution: residence OUNTY before admission)			
B. FULL NAME OF (If not in hospita	al or institution, give street address or	Maryland	0-1			
HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN (If outside cor	porate limits, write RURAL and give			
0-0		Baltimore				
	Yrs. Mos.	D. STREET ADDRESS (If rural, give				
c. Length of stay in Baltimore	Days	6300 Old Harfor				
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (In years 1 Under I Year 1 Un				
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign coun-	try) 12. CITIZEN OF WHAT COUNTRY			
Linotype operator	MD031K	England	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Gerard Doyle		Sarah Kehough				
15. WAS DECEASED EVER IN U. S. ARMEE Yes, no or unknown) (If yes, give war or date	FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS Rd.			
(17 yes, give war or date	security No.	Mrs. Samuel FRENCH 6				
18. 42011	CAUSE	OF DEATH	INTERVAL BETWEEN			
DISEASE OR CONDITION			ONSET AND DEATH			
(This does not mean the mode of	of dving, e.g.,	ronary thromboses	3 Montals			
heart failure, asthenia, etc. It mea injury or complication which e	ns the disease, eaused death.) DUE TO	2				
		ronary thrombosis ansitus - anteriosalu				
ANTECEDENT CAUS	Myon Myon	arkitis. arteriosilu	sein 15 yrs			
DISEASES OR CONDITIONS, II	F ANY, GIVING STATING THE DUE TO					
DISEASES OR CONDITIONS, IN RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ST. (C)					
	(0)					
OTHER SIGNIFICANT CONDI	TIONS CON					
TRIBUTING TO THE DEATH, BUT	NOT RELATED					
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION	20, AUTOPSY?			
			YES NO			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		more City, give exact location)			
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURE	ED 21F. HOW DID INJURY OCCUR	?			
OF INJURY	m. WHILE AT NOT WHILE					
22 / 1 1 1/6 - 41 - 4 / 44		e 4 4 7 10 40 /n on 3	0 1057 that I last saw th			
descreed alive on Mat 27	1952 and that death occu	rred at 10-134m., from the causes	and on the date stated above			
23A. SIGNATURE		23B. ADDRESS	23c. DATE SIGNED			
Harved HBu	rne M.D.	11.5 EEAGER S+	may 31, 1952			
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE		(City, town, or county) (State)			
Burial 6/2/	'52 Parkwood	Balto	· Md ·			
DATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR SEON W				
MAY 31 1952 Tunt	inston Williams Mi	Leonard J.Ruck & So				
	The state of the s	640	5 Harford Road			

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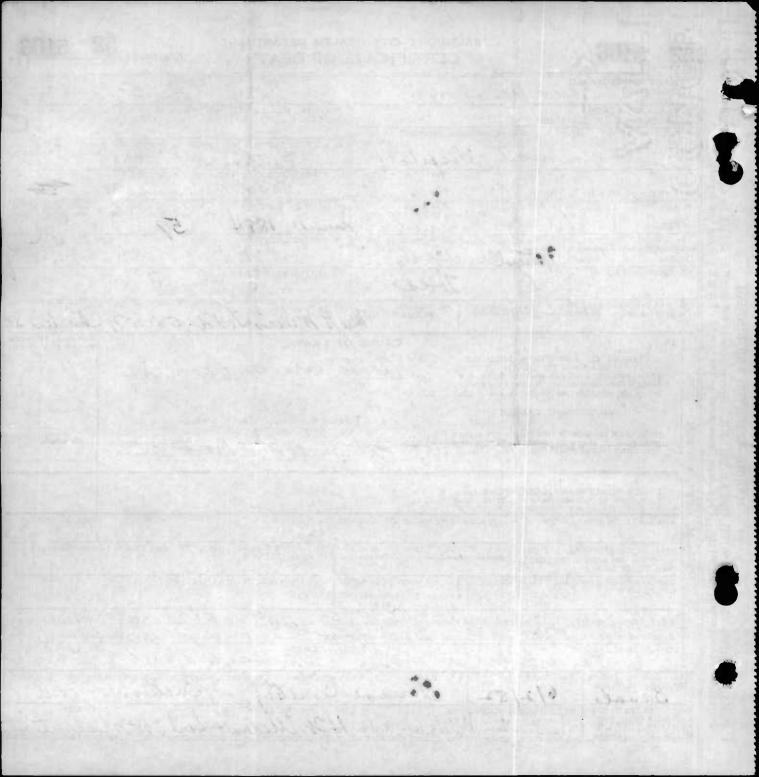
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5-30-52 B. COUNTY before admission) (If outside corporate limits write LURA, and give Charles 9. AGE (In years If Under 1 Year It Under 24 Hours last birthday) Months Days Hours Min. H Under 24 Hours 12. CITIZEN OF WHAT COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND 20. AUTOPSY (If in Baltimore City, give exact location) 1952 that I last saw the a.m., from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS



before admission)

12. CITIZEN OF

ADDRESS

S.A.

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

that I last saw the

23c. DATE SIGNED

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1	650						
)	2 5108 BIRTH NO.						
	1. NAME OF D (Type or Print)						

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No. 5108

BIRTH NO	00			CERTIFICAT	E OF I	DEATH	Registere	d No.		
1. NAME OF DECEASED (Type or Print) GEORGIA C. BROWN						2. DATE OF May 30, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland					A. STATE			. If institution : residence		
HOSPITAL	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 3423 Mondawmin Ave.									
c. Length	Yrs. Mos. c. Length of stay in Baltimore Days					o. street Address (If rural, give location) 3123 Mondaymin Ave.				
5. SEX	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					7, 1857	9. AGE (in years	II Under I Year II Under 24 Months Days Hours	Hours Min.	
10A. USUA work done durin	10A. USUAL OCCUPATION work done during most of working life.		of 108 KIND OF BUSINESS OR		11. BIRTHPLACE (State or foreign country) 1			12. CITIZEN OF WHAT COUN	TRY1	
13. FATHE	13. FATHER'S NAME					er's MAIDEN N		1/		
Joseph P. Shipley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos. no or unknown) (If yos, give war or dates of service) SECURITY NO.				17. INFOR	RMANT		ADDRESS Mondawmin A	ve.		
Z DISE RISE UND	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					lusi	numunia	l day		
TRIB TO T	TRIBUTING TO THE DEATH, BUT NOT RELATED							20. AUTOPS	Y?	
LYING	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,					VHERE DID (RY OCCUR?	If in Baltimore Cit	YES NO		
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT WORK MORK AT WORK										
22. I hereby certify that I attended the deceased from June 1, 1951, to May 30, 1952, that I i deceased alive on May 30, 1952, and that death occurred at 89 m., from the causes and on the date st								23c. DATE SIGI	ove.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S MAY 3 1952					25 FUNERAL DIRECTOR LANGESS ADDRESS					
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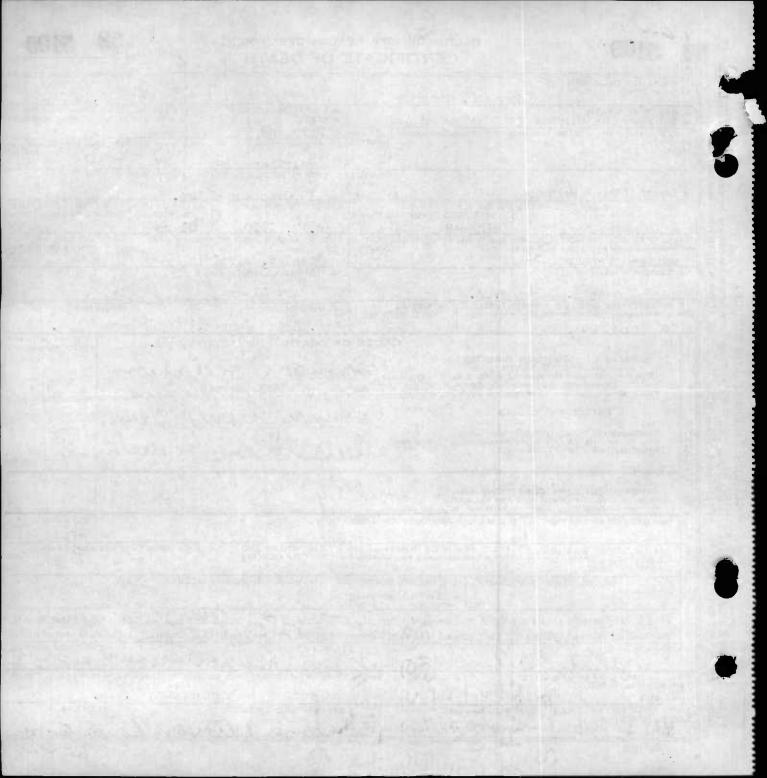
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5109

11_0	TRATE NO.	
	NAME OF DECEASED Type or Print) Thomas L. Cubbage	2. DATE OF DEATH May 30,1952
A	PLACE OF DEATH: Baltimore City, Maryland 1900 Homewood Ave FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
H	OSPITAL OR location) NSTITUTION	C. CITY OR TOWN (If outside corporate limits) write RURAL and give township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)
0	Length of stay in Baltimore Days	
	. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Year 11 Under 24 Hours
	WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
	male white widowed DA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	Nov. 7, 1870 81yrs
ΨOI	k done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
	retired farmer 3. FATHER'S NAME	Stanley, Virginia
	Thomas L. Cubbage Sr. 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mary Alger
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (If yes, giva war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	no no	Mrs. Alice Jensen, 1900 Homewood Ave.
	18. 420.1 CAUSE (OF DEATH Baltimore, Md. INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g., (A)	wary occupion
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	orano Televisio
	ANTECEDENT CAUSES	- 10 D
Z	(B)	overy other ficular
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
S S	UNDERLYING CONDITION LAST.	W Sellow Hulanged
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ERTI	OTHER SIGNIFICANT CONDITIONS CON-	T.
, H	TRIBUTING TO THE DEATH, BUT NOT RELATED	My
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 1 20. AUTOPSY?
AP	TON BATE OF CHERATION OF THE MADER THE MEDIT OF CHERA	YES NO
EDICAL	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e. g., in	or 21C. WHERE DID (If in Baltimore City, give exact location)
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	injury occur?
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE	
	m. work AT WORK	Lareh 19 to Way 30 195 that I last saw the
	22. I hereby certify that I attended the deceased from	, to the time that the time
	deceased alive on 44, 1954 and that death occur	red atm., from the causes and on the date stated above.
	Walter of anderson,	3001 & aucus Drise may 31-52
0 2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER ON, REMOVAL (Specify)	
		ch Cemetery Charlestown, W. Va.
	Burial June 1,1952 Duffield Chur	25. FUNERAL DIRECTOR ADDRESS
	MAY 3 9 18952 Huntington Villiams Mi	melinia I Strider, Colon Settown
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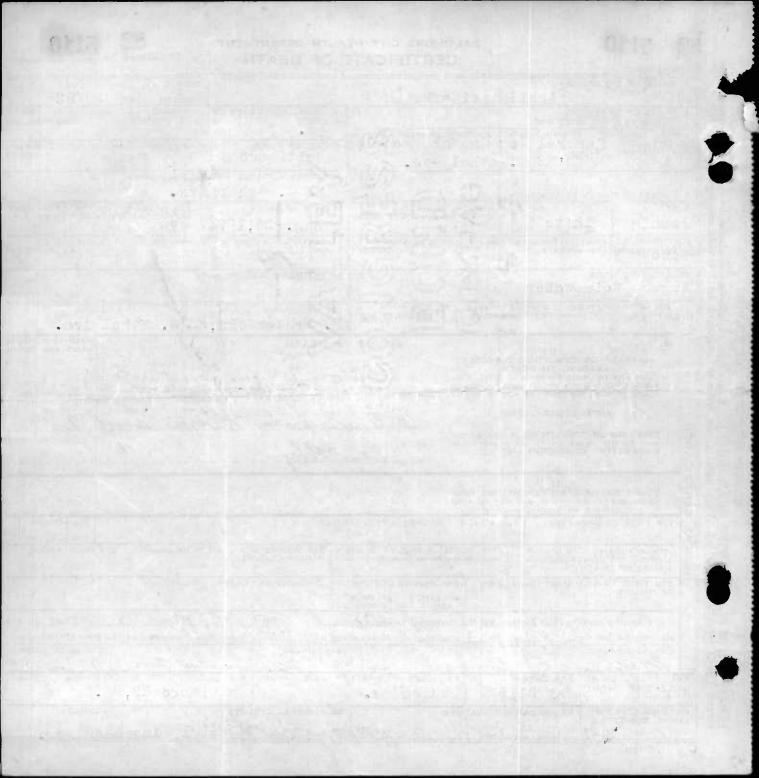
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

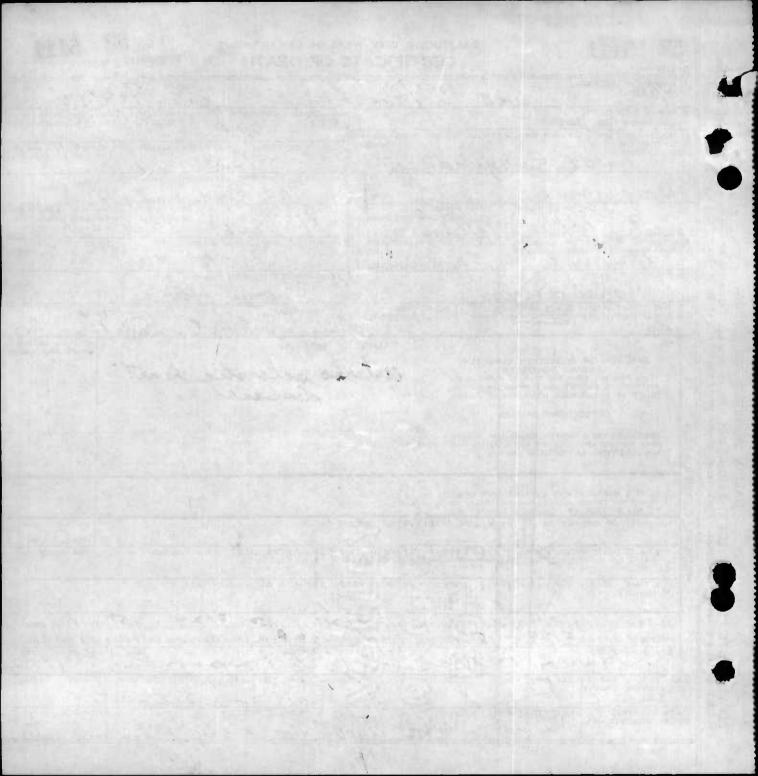
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Registered No.

ВІ	RTH NO.		CERTIFIC	AIE	OF DEATH	registered	110.
1.	NAME OF D		a Heinecke			2. DATE OF DEATH MA	y 28/52
A.	PLACE OF D Baltimore (City, Maryland	al or institution, give street addr	A	STATE		If institution : residence before admission
H	OSPITAL OR	General Ge	rman ged Peop Athol Ave.	los	Baltimore	If outside corporate lin	nits, write RURAL and give
c.	Length of s	stay in Baltimore		Yrs. Mos. Days	22 S. Athol	If rural, give location) AVE	
-	emale	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (S Widow		Aug. 28,18	9. AGE (in years last birthday)	If Under 1 Year II Under 24 liouis Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS (INDU		1. BIRTHPLACE (State or Germany	foreign country)	12. CITIZEN OF WHAT COUNTRY
	ugust I	Jeineweber		1	4. MOTHER'S MAIDEN Unknown	NAME	
15 (Ye	s, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY	NO. I	7. INFORMANT • Frederick	a,22 S. #tl	ADDRESS
RTIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			lust	The to	Toneulo.	yfutes
CE	TRIBUTING TO THE E	II BIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	NOT RELATED	OPERAT	ТІОМ		20. AUTOPSY?
EDICAL	21A. ACCIE LYING 0 CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY ebout home, farm, factory, street, office	(e. g., in or ce bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	YES NO
Σ		(Month) (Day) (Year)	WHILE AT NOT	WHILE WORK	21F. HOW DID INJU	RY OCCUR?	
	deccased o	live on & May	ended the deceased from, 1952, and that death	occurre	ed at / 38 Am., from	28 May, 19. the causes and on	2that I last saw the the date stated above
2	23A. SIGNA	line 8.	Bryon M.	D. 40	605 Elmen	LOCATION (City, toy	29 W/2452
B	ON REMOVAL (Specify) Zay 31,	52 Loudon Pl	k.	Ba	Ltimore 29,	Md.
	ATE RECEIVE OCAL REGIS		s SIGNATURE	13	or Huist		ADDRESS



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1	d. The	1.	NAME Cype or Pr
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	52 5111 BALTIMORE CITY H	HEALTH DEPARTMENT	52 5111
	IRTH NO. CERTIFICAT	TE OF DEATH Register	red No.
	NAME OF DECEASED Chanie R. Trong	RF 2. DATE OF DEATH	729/103-
A	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased liv	
11 1-	FULL NAME OF (If not in hospital or institution, give street address of location NSTITUTION		limits, write RURAL and give
-	1102 Sungunay S/.	D. STREET ADDRESS (If rural, give location	21-01
- Common	. Length of stay in Baltimore Mos. Days	1102 Dungund	
0	Emale White Widows a	8. DATE OF BIRTH 9. AGE (In year last hirthday)	Months Days Hours Min.
wo	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRESS OF LINDUSTRESS OF LINDUST	11. BIRTHPLACE (State or foreign country) Balta Ma	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	- mma Hole	
(Y	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.		250 4 and an
	18. 42010 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ria coloratio for	1 2
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Size sas	
	ANTECEDENT CAUSES		
ZO	DISEASES OR CONDITIONS, IF ANY, GIVING		
CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		•••••••••••••••••••••••••••••
1 1	11		
ERTI	OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED		
O	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
N S	ACCIDENT WAS UNKNOWN 1 212 PLACE OF INJURY (YES NO
MEDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	in or 21C. WHERE DID (If in Baltimore (INJURY OCCUR?	City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from.		195, that I last saw the
		irred at	on the date stated above
	23A. SIGNATURE Deilee M.S.	1226 Hayour &	235 SATE SIGNED
2		ERY OR CREMATORY 24D. LOCATION (City,	town, or county) (State)
E		25. FUNERAL DIRECTOR	ADDRESS
-	ocal Regist 1952 Huntington Williams My	4- Sok fue 12/7 St	· Paul VI.
	VS 150		



5112 Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY L before admission) (If outside corporate limits, write RURAL and give (If rural, give location) 9. AGE (In years) II Under 1 Year If Under 24 Hours last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH Gerebral ARTERIOSCIEROSis lized ARTERISSCIERUSIS (If in Baltimore City, give exact location) 22. I hereby certify that I attended the deceased from March 29, 1952 to M44 30, 1952, that I last saw the deceased alive on MAY 30, 19 52, and that death occurred at 11.10 m., from the causes and on the date stated above. 23c. DATE SIGNED

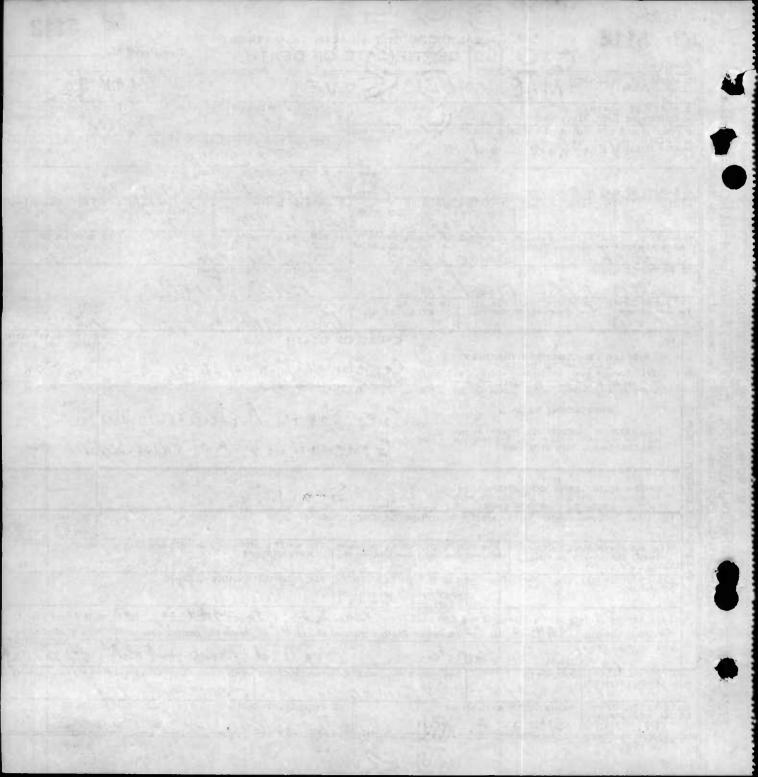
25. FUNERAL DIRECTOR

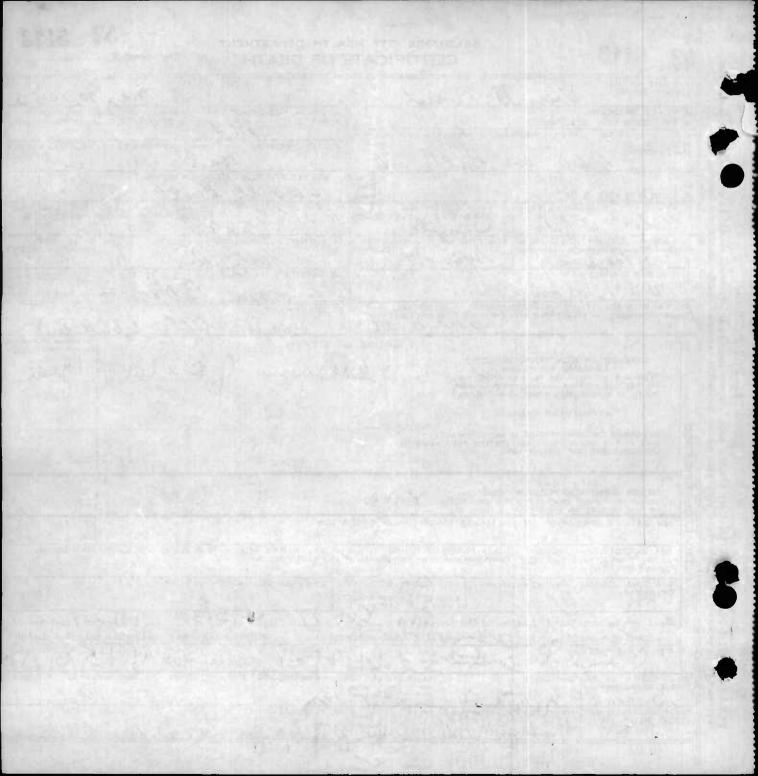
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DATE RECEIVED BY

LOCAL REGISTRAR

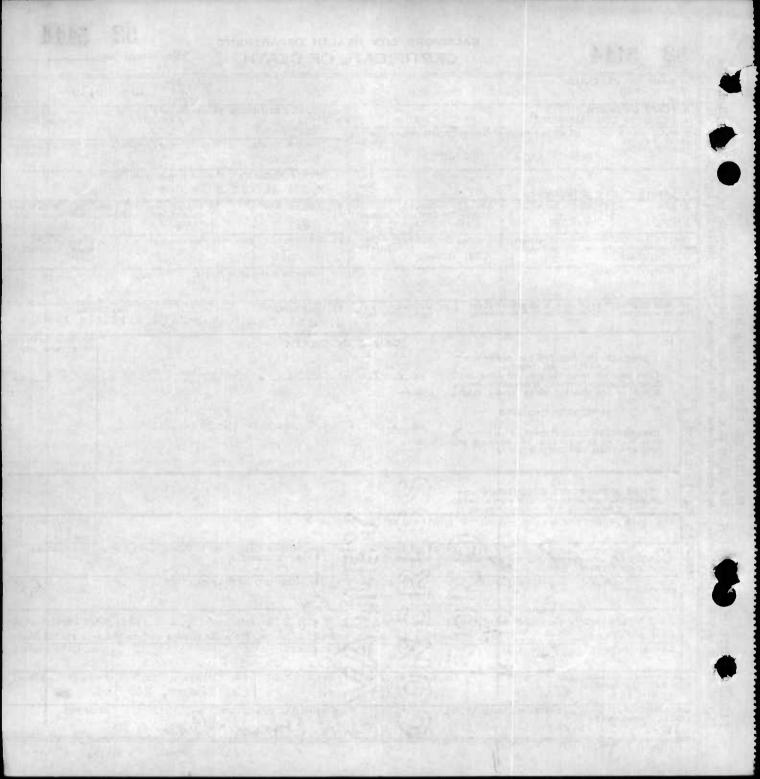
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1.	NAME OF DE		NNIE REAMER		2. DATE OF May	29,1952
Α.		ity, Maryland		4. USUAL RESIDENCE A. STATE	DEATH	
HC	SPITAL OR STITUTION	2804 Hillda	al or institution, give street address or location) le Avenue		(If outside corporate limi	its, write RURAL and town
c.	Length of st	ay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (2804 Hilldal		
	sex emale	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH		onths Days Hours
10, work	A. USUAL OCC done during most of housewi	CUPATION (Givekind of working life, even if retired) 1 e	Own home	II. BIRTHPLACE (State of Russia	r foreign country)	12. CITIZEN OF
13.	. FATHER'S N	AME		14. MOTHER'S MAIDEN	NAME	V
15. (Yes	. WAS DECEASE	D EVER IN U, S. ARMED (If yes, give war or dates) FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. William Be	erger-2804 Hil	ADDRESS ldale Avenu
	(This does heart failur	E OR CONDITION LEADING TO DEAT not mean the mode o ee, asthenia, etc. It mean complication which e	f dying, e.g., (A)	ucho Pu	enmones	ioda
TIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	LEADING TO DEAT not mean the mode o e, asthenia, etc. It mean complication which c ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	TH f dying, e. g., ns the disease, aused death.) EES FANY, GIVING STATING THE ST. (C)	nic repl	ennous.	ioda
UL	(This does heart failur injury or DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DIS	LEADING TO DEAT not mean the mode o e, asthenia, etc. It mean complication which c ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA II GNIFICANT CONDIT TO THE DEATH, BUT SEASE OR CONDITION	TIONS CONNOT RELATED CAUSING IT.	,	ennous.	ioda
AL CERTIFIC	(This does heart failur injury or DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DIS	LEADING TO DEAT not mean the mode o e, asthenia, etc. It mean complication which c ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA II GNIFICANT CONDIT TO THE DEATH, BUT SEASE OR CONDITION	TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPS
L CERTIFIC	(This does heart failur injury or DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DIS	LEADING TO DEAT not mean the mode o e, asthenia, etc. It mean complication which e ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA OR CONDITIONS IF HE ABOVE CAUSE (A) ING CONDITION TO THE DEATH, BUT SEASE OR CONDITION FOPERATION 1: ENT WAS UNDER- CONTRIBUTING	TIONS CONNOT RELATED CAUSING IT.	ATION	(If in Baltimore City,	YES NO
DICAL CERTIFIC	(This does heart failur injury or DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DISEASE OF LYING OR CAUSE OF E	LEADING TO DEAT not mean the mode o e, asthenia, etc. It mean complication which e ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA OR CONDITIONS IF HE ABOVE CAUSE (A) ING CONDITION TO THE DEATH, BUT SEASE OR CONDITION FOPERATION 1: ENT WAS UNDER- CONTRIBUTING	TH f dying, e. g., ns the disease, aused death.) ES FANY, GIVING STATING THE DUE TO TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e.	ATION n or 21c. WHERE DID 1NJURY OCCUR? ED 21f. HOW DID 1NJU	(If in Baltimore City,	YES N
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MEDICAL CERTIFIC	OTHER SITE TO THE DISTANCE OF INJURY 21A. ACCIDE LYING OR CAUSE OF E 21D. TIME (I) 22. I hereby deceased ali 23A. SIGNAT	LEADING TO DEAT not mean the mode of e, asthenia, etc. It mean complication which complication is a series of the complication of the death, but to the death, but to the death, but to the death, but to the death which contributing death month (Day) (Year) which contributing contributing death which contributes deat	TH f dying, e. g., ns the disease, aused death.) EES FANY, GIVING STATING THE DUE TO ST. TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bidg., e. g., in the content of t	EATION Dor 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU Tred at 9 m., from 38. ADDRESS H 43 6 35 RY OR CREMATORY 240.	(If in Baltimore City, URY OCCUR? The dayses and on the dayses and on the dayses and the dayses are dayses are dayses are dayses and the dayses are dayses are dayses are dayses and the dayses are dayses.	yes N give exact location; that I last san the date stated a 23c. DATE SIG



5115

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:
A. Baltimore City, Maryland

LENA

ARENSON

BIRTH NO.

MA	UNFA	Physic
1	WITH	important.
1	PL	pecian

	A. Baltimore City, Maryland		A. STATE Maryland B. COUNTY	before admission)
	B. FULL NAME OF (If not in hospit HOSPITAL OR	al or institution, give street address of location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
	institution 4009 Grant			
Ď.	4003 Grant.	rey noau	Baltimore /5-/	/
io		Yrs.	D. STREET ADDRESS (If rural, give location)	
legibly	c. Length of stay in Baltimore	50 Yrs Mos.	4009 Grantley Road	
- F	5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.		dar 1 Year If Under 24 Hours
and	Female White	WIDOWED, DIVORCED (Specify	Dec 14, 1886 last birthday) Mont	hs Days Hours Min.
N.	10A. USUAL OCCUPATION (Givekind of			CITIZEN OF
clearly	work done during most of working life, even if retired)	INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
2	housewife	own home	Latvia	J. S. A.
다.	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
death	Sydney Nichelson		Esther ?	
244	15. WAS DECEASED EVER IN U. S. ARMET		17. INFORMANT ADD	DRESS
	(Yes, no or unknown) (If yes, give war or date	SECURITY NO.	Alec Arenson 4009 Grantley R	oad
ise.				
causes	18. 420.1		OF DEATH	ONSET AND DEATH
the	DISEASE OR CONDITION LEADING TO DEAT	DIRECTLY	to coronary thrombons	On a land
	(This does not mean the mode of	of dying, e.g., (A)	IN COLOURS INTONOS	ous sour
ite	heart failure, asthenia, etc. It mea injury or complication which c	ns the disease, caused death.) DUE TO		
write				
9	ANTECEDENT CAUS	Cere	book corners oferral	more
please	DISEASES OR CONDITIONS, II			1 2 2 2
a	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA		10168000000	0
23	Ö	(C)		
iar	<u>.</u>			
Physicians:	OTHER SIGNIFICANT CONDI	TIONS CON-		
hy	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION			
١١ ١٩		9B, MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
it.	A			YES NO
ortant.	21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Baltimore City, giv	
or	LYING OR CONTRIBUTING	about home, farm, factory, street, office bldg.		
Ž	Z CAUSE OF BEATH			
9	21D. TIME (Month) (Day) (Year) OF INJURY			
Á		m. WHILE AT NOT WHILE		
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spe	deccased alive on	1017 a well that doubt some	and at 95JP as from the angest and on the	
- 11	23A. SIGNATURE	_, 195 LZ, and that death occur	rred at 15 m., from the causes and on the	23c DATE SIGNED
153		1 1/1-0	2320 Entempl	1731/17
286	CAL BURGAL COEMA CAL DATE		ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
- 11	TEN PENOVAL (Specify) 6/1/52			
ect			ng. Washington, Baltimore, Maryla	
correct	DATE RECEIVED BY REGISTRAR'	S SIGNATURE		DDRESS
Ü	WN 1 - 1952 Hunting	ton Williams, M.P.	Sol. Lamier 4 19421124-	26 W. Noak
	VS 150		7.5	Ragana
	0	7 2 6 0		whence

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

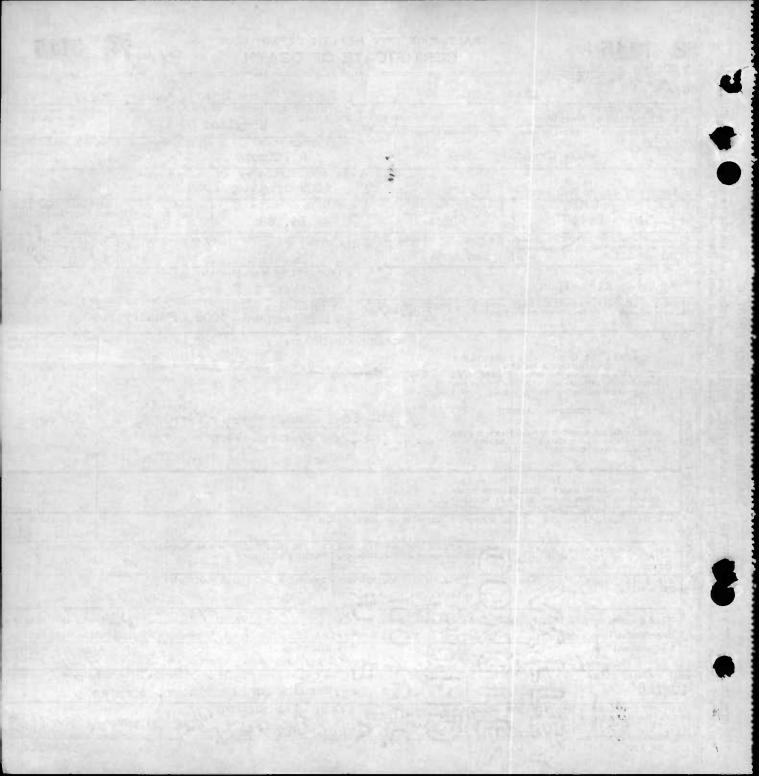
Registered No. 5115

before admission)

OF May 30, 1952

2. DATE

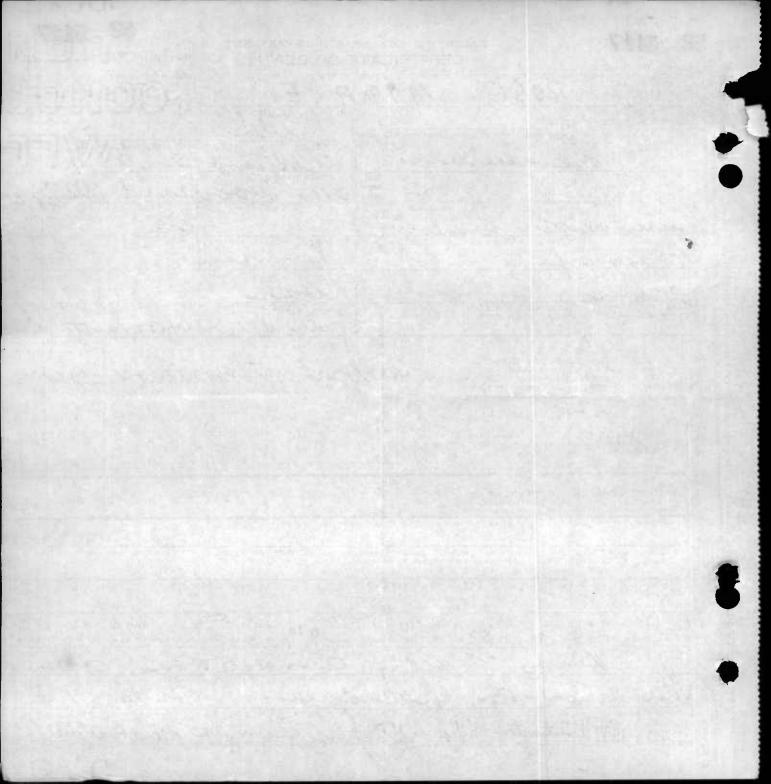
4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY

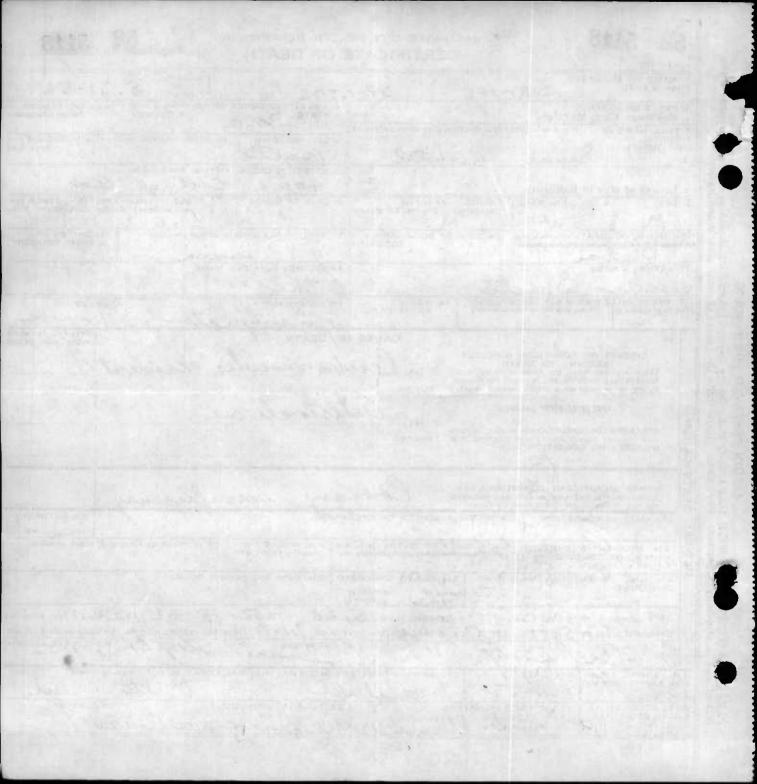


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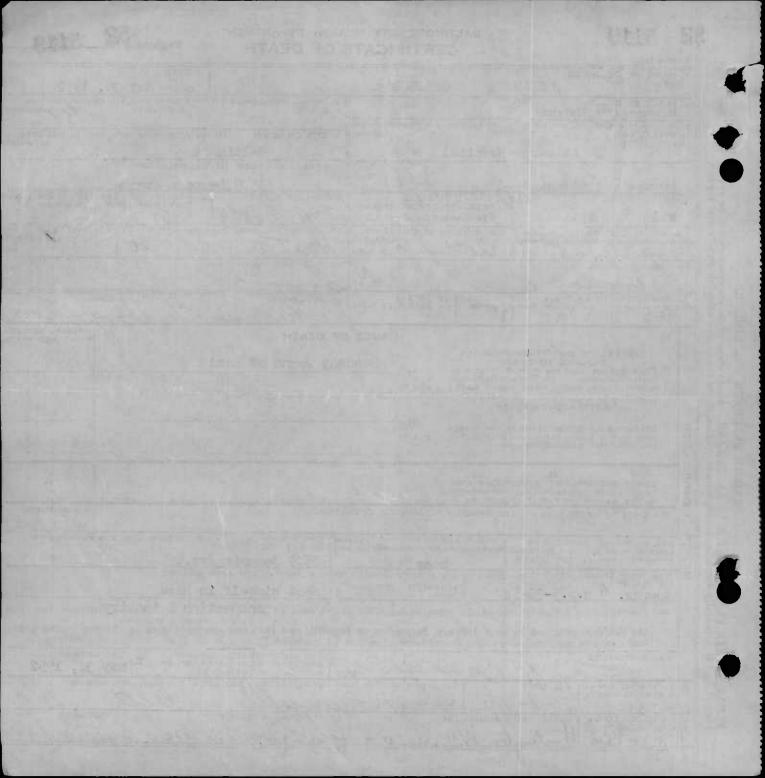
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) (EALTH DEPARTMENT
e le	D	CERTIFICATI	E OF DEATH Registered No.
F			TILED 12. DATE CONTRACTOR
3		(ype or Print) ROSE MON	AKER OF 5-31-52
olie		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
Idn	-	Baltimore City, Maryland FULL NAME OF (If no in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
	H	OSPITAL OR location)	C. CITOR TOWN (If outside corporate limits, write RURAL and give
Ħ.	-11	Levudale Levudale	Haltimore 27-19 township)
101	1	Yrs.	D. STREET ADDRESS (If rural, give location)
leg	c.	Length of stay in Baltimore	3114 Woodland all
d be	2	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year if Under 24 Hours Lass Dirthday) Months: Days Hours Min.
	le	male white herson	O Status Days Rours Min.
should early an	1C	DA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTUPLACE (State or foreign country) 12. CITIZEN OF
cle	V	Touse will	· LUSSELLE WHAT COUNTRY?
atic	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
rmdea	1	Iron	Rose
information s of death cle	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s, no or unknown) (If yes, give war or dates of service) SECURITY NO	17 INFORMANT ADDRESS /) A
of i	(s, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	Kow Sklare- 4522 Slest Rd
eauses		18. 334 X CAUSE	OF DEATH
y item the cau			ONSET AND DEATH
		(This does not mean the mode of dying, e.g.,	ral arteriosclesosis years
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
		ANTECEDENT CAUSES	
INK.	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
52.	OIL	RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNFADING Physicians:	CA	(c)	
Diar	4	II	
Fr	RTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
Ph	CE	TO THE DISEASE OR CONDITION CAUSING IT.	
Ħ .:	J	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
WITH ortant.	CA	21a. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in	a or 21c. WHERE DID (If In Baltimore City, give exact location)
Sort	EDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,e	
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
		OF INJURY WHILE AT NOT WHILE	
olia.		m. WORK L AT WORK	5/0 52 52 / 52
RITE PL is especia		22. I hereby certify that I attended the deceased from Deceased alive on S - 31, 19 52 and that death occur	that I last saw the
EIT.		23A. SIGNATURE,	red at 7 p.m., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED
H		Henry Magel M.D.	Levindale Home 5-31-52
E 60	24	AA BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
AS	0	weal 6-1-12 Rose	dale datto, Ma
PLEASE correct a		ATE RECEIVED BY REGISTRAR'S SIGNATURE	5. FUNERAL DIRECTOR APDRESS
H S		111N 1 - 1952 Huntington Williams, M.F.	talk sever one 2100 Section /
	-	VS 150	
		Warran .	

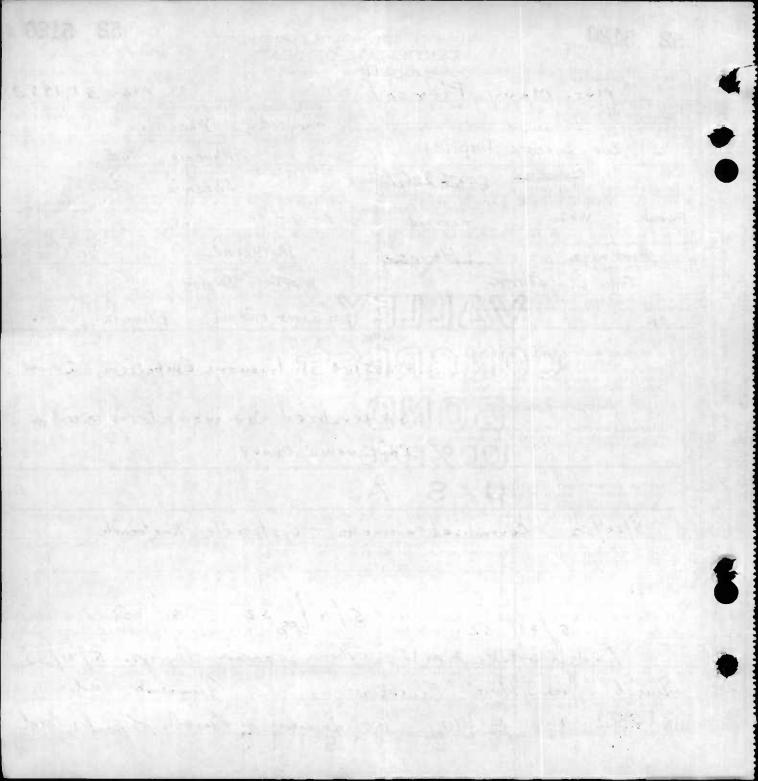




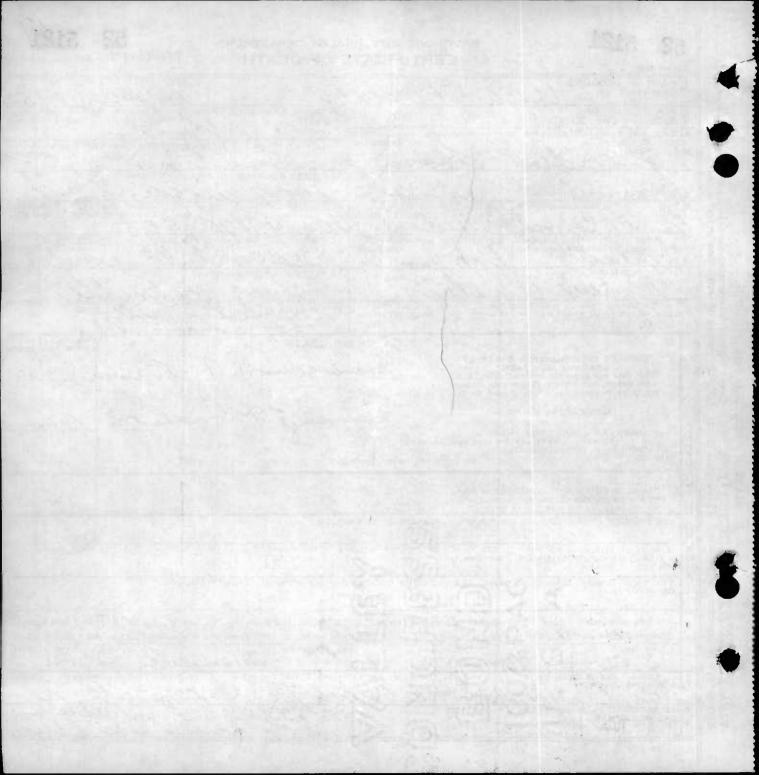
BALTIMORE CITY HEALTH DEPARTMENT

52	5119	BALTIMORE CITY HE		Registered No_	5119		
BI	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.			
	NAME OF DECEASED ype or Print) JOSEPH	GINSBURG		2. DATE OF DEATH MAY 30,	1952		
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI	nere deceased lived. If insti B. COUNTY	tution: residence before admission		
B. HC	FULL NAME OF (If not in hospita DSPITAL OR STITUTION	d or institution, give street address or location)		utside corporate limits, wr	ite RURAL and giv township		
14	Lutheran	Hospital Yrs.	Baltimo:		<u>/</u>		
c.	Length of stay in Baltimore	hele Mos.		quoia Avenue			
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	May 23, 1894	9. AGE (In years # Under last birthday) Months	Days Hours Min.		
10 gorl	A. USUAL OCCUPATION (Give kind of a done during most of working life; Jen if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BATHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY		
13	. FATHER'S NAME	1114	14. MOTHER'S MAIDEN NA	ME			
K	Tolomon	FORCES? 16. SOCIAL	Helen				
	WAS DECEASED EVER IN U. S. ARMED (If yes give war or detea	of service) SECURITY NO.	Lac Gueline	Leusberg	2 - Same		
	18. E 976X	CAUSE	OF DEATH .	1	INTERVAL BETWEE		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of head							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO							
	ANTECEDENT CAUS						
z	DISEASES OR CONDITIONS, IF	(B)	***************************************				
TIO	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE OUE TO					
FICA	11	(0)					
ERTIF	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATEO		······			
Ū	19A. DATE OF OPERATION 19	98. MAJOR FINDINGS OF OPER	RATION		YES NO		
CAL	21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)		
EDIC.	UTING CAUSE OF DEATH.	home	3509 Sequoia A				
Σ	OF INJURY (Month) (Day) (Year)	WAT WILL E					
Approx. 0 p.m. 5-30-52 m. WORK AT WORK Shot nimself in head							
	the evidence obtained by said Autopsy, Inspection or Inquiry and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined that the contraction of the day and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined to the contraction of the contractio						
	23A. SIGNATURE	resulted from hatarat conse	23B. CHIEF MEDICAL E	XAMINER 23c. C	DATE SIGNED		
_	4 BURIAL CREMA- 248. DATE	24C.NAME OF CEMETE	I.D. MEDICAL INVESTIGATO		31, 1952		
Ti	REMOVAL (Specify)	19 Hebrour 7	riendship	Halto	Md		
DL	ATE RECEIVED BY REGISTRARY OCAL REGISTRARY UN 1 - 1952 Hunting	S SIGNATURE	25. FUNERAL DIRECTOR	ZIO CAT	DORESS PL		
	S 151 1/05 7 1/ Waterga	lon Williams M.P.	fact Lewester	2100 1941			
11 4	N80-3-4.	3 . //	2906E		V		





5121 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DAT (Type or Print) institution : residence 3. PLACE OF DEATH: 4. USUAL (Where deceased live A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location corporate limits, write RURAL and give C. CITY OR TOWN INSTITUT Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE It Under I Year last birthday) Months Days Hours Min. should learly an 10A. USUAL OCCUPATION (Give kind of work done during most of work; Elife, even if retired) BUSINESS OR 12. CITIZEN OF information s meetic 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL (Yes, no of unknown) (If yes, give war or dates of service) SECURITY NO. causes INTERVAL BETWEEN 18. CAUSE +2010 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 0 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED L TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL important. YES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., io or | (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE WORK AT WORK , 19 that I last saw the march 22. I hereby certify that I attended the deceased from and that death occurred at & a. m., from the carses and on the date stated above. deceased alive on Mouse 23A SIGNATURE 23c. DATE SIGNED 13. 24A. BURIAL, CREMA-TLON, REMOVAL (Spenty) 24B. DATE NAME OF CEMETERY DATE RECEIVED REGISTRAR'S SIGNATURE VS 150



5122

Registered No.

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS

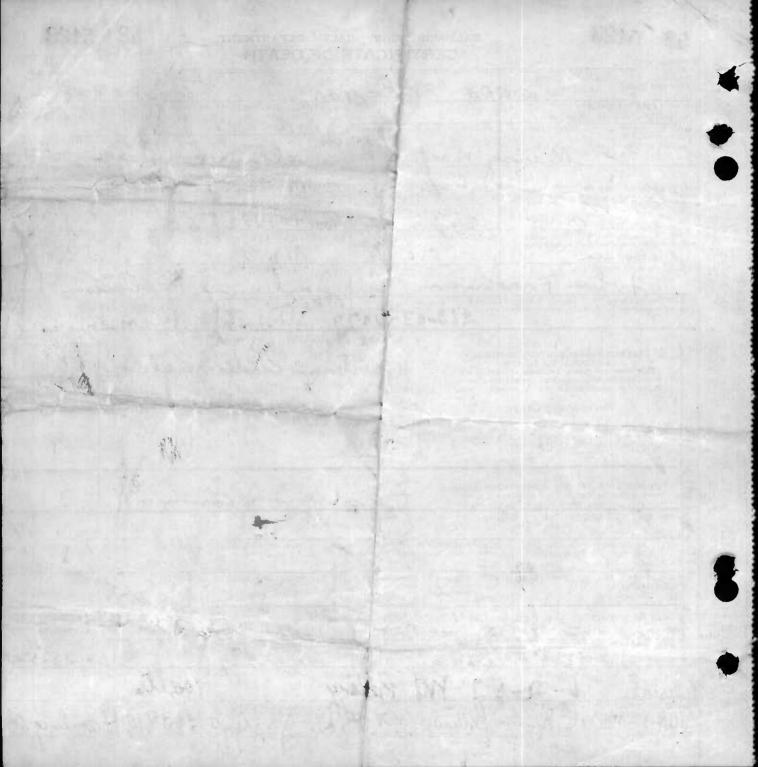
23c. DATE SIGNED 5-30-5

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ADDRESS

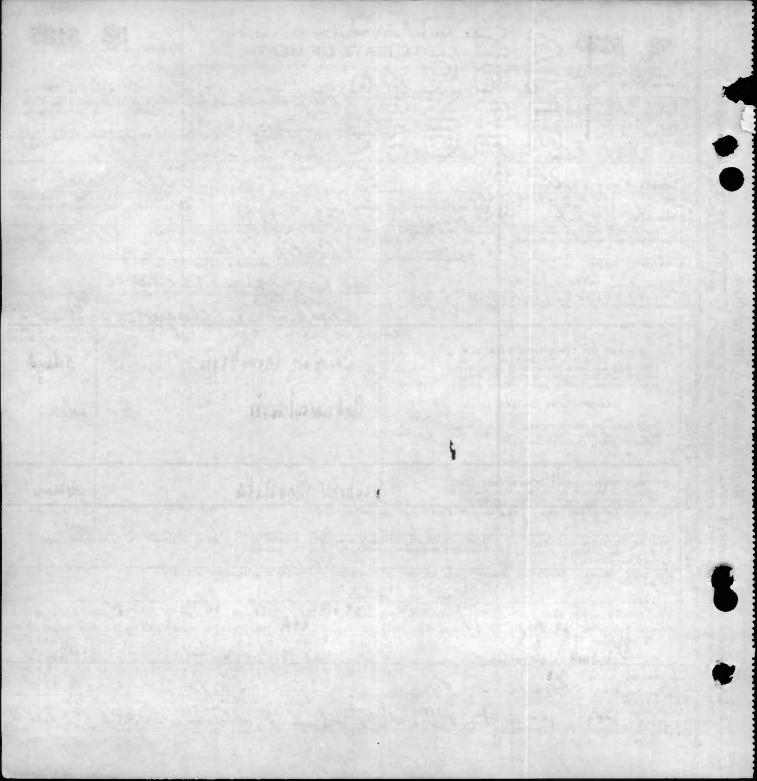
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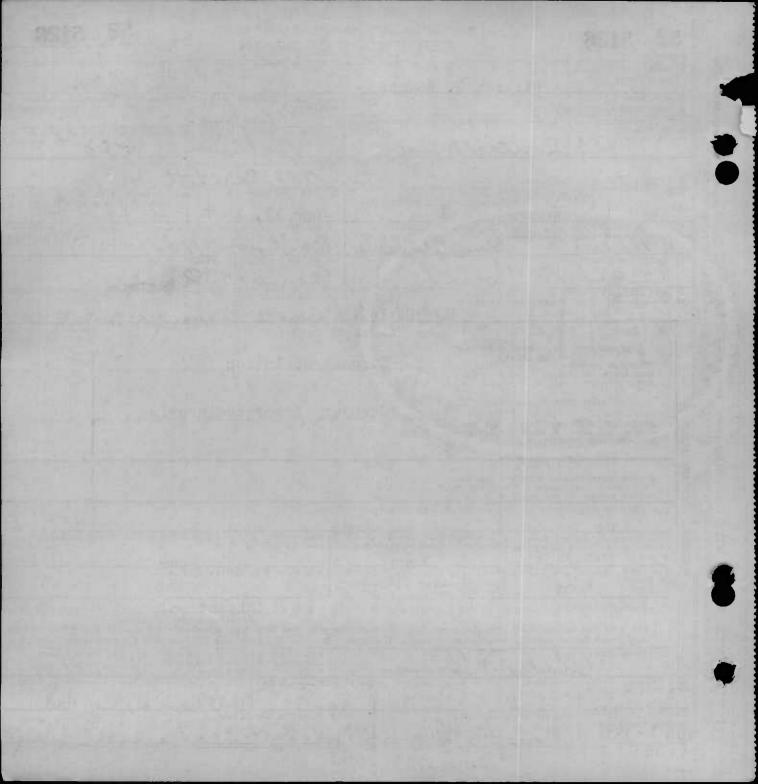


		E OF DEATH Registered No.	5124		
(T:	NAME OF DECEASED Special Print Place OF DEATH: PLACE OF DEATH:	2. DATE OF DEATH MAY 29			
A. B.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o DSPITAL OR location		before admission		
	4103 Forrest Park Ave.	Baltimore Vity /5-	vrite RURAL and give township		
-	Length of stay in Baltimore Life SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	4103 Forrest Park Ave.			
	Male White Married A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	Nov: 30:1890 last birthday) Monti			
As	doneduring most of working life, even if retired INDUSTR' ISISTANT Supt. Balto City Transports FATHER'S NAME	Baltimore Maryland	USA		
G	eorge Schneider	Margaret Hoefling			
(Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) NO N	Margurite SteilSchneider	Same		
7	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE (A) ANTECEDENT CAUSES	of Death Market & Sufferia Peral Defelity + leurenal	INTERVAL BETWEEN ONSET AND DEATH		
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Phlaninala	3 101963		
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CAL	19a. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPE		YES NO X		
MEDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (a. g., in or large life) (if in Baltimore City, give exact location) INJURY OCCUR?				
	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT WORK NOT WHILE AT WORK	E			
	22. I hereby certify that I attended the deceased from 1927, to 3/27, 1952, that I last saw the deceased alive on 5/27, 1952, and that death occurred all: 102m, from the causes and on the date stated above				
24	M. D. BURIAL CREMA-1 24B. DATE 124G. NAME OF CEMET	23B. ADDRESS 10 East Eager Street ERY OR CREMATORY 24D. LOCATION (City, town, or	3/3/52 county (State)		
DA LC	ON, REMOVAL (Specify)	ark Cemeters Woodlawn Mary	land DDRESS		
	Vs 150 290 93	F.H. WIPPERT & SON 1300 Eut	aw Pl.17		

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1. NAME OF DECEASED	CERTIFICATI	E OF DEATH	Registered No	5126
(Type or Print)	m G. Roemer	it hand more	of DEATH May	30, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Wh		stitution: residence hefore admission
B. FULL NAME OF I not in hospital or in HOSPITAL OR INSTITUTION 759 Bartle	ett ave.	C. CITY OR TOWN (If or	utside corporate limits, v	write RURAL and giv
c. Length of stay in Baltimore	Yrs. Mos. Days	759 Bart	lett ave	
5. SEX 6. COLOR OR RACE 7. S.	INGLE, MARRIED, IDOWED, DIVORCED (Specify)			der I Year hs Days Hours Min
work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	CONST.	14. MOTHER'S MAIDEN NAM	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORC	EES? 16. SOCIAL SECURITY NO. 217-09-868	17. INFORMANT	Jung	PRESS
ZO DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	ag, e.g., (A) Coror disease, death.) DUE TO (B) COror (C) (C) (C) (C)	nay Occlusion	erosis	
TO THE DISEASE OR CONDITION CAUS	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
None	B. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If	in Baltimore City, give	YES NO X
UNDERLYING OR CONTRIB- about				
UNDERLYING OR CONTRIB- about	None) 21E. INJURY OCCURRE WHILE AT NOT WHILE		None occur? Vone	
UNDERLYING OR CONTRIBUTION OF INJURY UNDERLYING OR CONTRIBUTION OF INJURY UNDERLYING OR CONTRIBUTION OR INJURY about OR CONTRIBUTION OR CONTRIBUTION OR INJURY	None 21e. INJURY OCCURRE WHILE AT NOT WHILE M. WHILE AT NOT WHILE AT WORK the remains described a Autopsy, Inspection or Intelligent ted from: natural causes	bove, held an Inspect Autopsy, Institution of the said decident of accident of suicide as Signature of the suicide of the suic	None ion spection or Inquiry eased dicd on the homicide , und AMINER	day stated abor
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour OF INJURY NONe 22. I certify that I took charge of the evidence obtained by said and death in my opinion resultant calls of the control of the evidence of the evidence of the evidence of the evidence obtained by said and death in my opinion resultant calls of the evidence of the evid	None 21e. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK the remains described a Autopsy, Inspection or Inted from: natural causes Occurrence M.	thove, held an Inspect Autopsy, Inc. Inquiry, find that said dece Accident , suicide 23B. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATOR	Spection or Inquiry eased dicd on the homicide , und	etermined []. DATE SIGNED /30/ 52

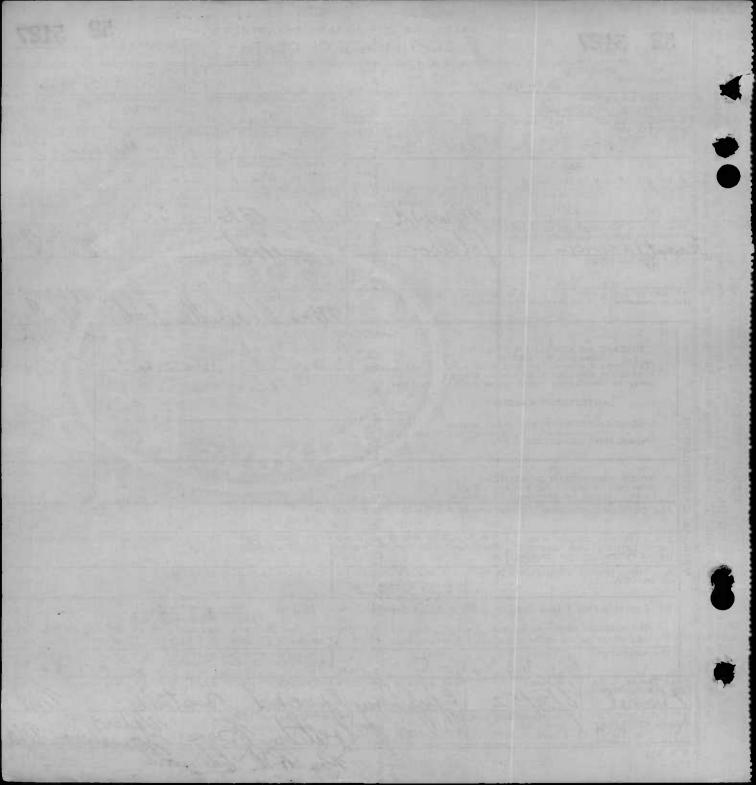


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DIDTIL NO	02.00

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	5127
Registered	No	OTAL

	NAME OF DEC		MEL	FOWLER		2. DATE OF DEATH	5-31-52
	. PLACE OF DEA . Baltimore Cit				4. USUAL RESIDENCE		ed. If institution : residence
В.	FULL NAME OF		al or institu	tion, give street address or	mol.	fring	es German
	OSPITAL OR NSTITUTION	OA St Jos	aplie 1	Hospital location)	Rural - Up	(If outside perporate	limits, write RURAL and give township)
	799			Yrs. Mos.	D. STREET ADDRESS	AND . AL	A STATE OF THE STA
		y in Baltimore		Days	Vouce 1	Box 20	
	M	COLOR OF RACE	WIDOV	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday) Months Days Hours Min.
10	A. USUAL OCCI	UPATION (Give kind of vorking life, even if retired)	108. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	pforeign country)	12. CITIZEN OF ARYT
Non	3. FATHER'S NA	mes	fal	acco	11/10		128 41
	O. TAINER S NA	NAI E	/		14. MOTHER'S MAIDEN	NAME	
15	5. WAS DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		AUDRES DE TOTAL
W.	m, no or unknown)	(If yes, give war or dates	of service)	SECURITY NO.	Mus Chan	Estle Four	Hen Munlyina
	18. 4 2 0		01/13/	CAUSE	OF DEATH	7	INTERVALUE OF THE OF ATH
	DISEASE	OR CONDITION		1	70		UNSEI AND BEATH
4	(This does not heart failure	not mean the mode o , asthenia, etc. It mea	f dying, e. ns the disea	ise,	mary mo	meore	Sooys
		omplication which c		h.) DUE TO			12 12 13
1		NTECEDENT CAUS		(B)	***************************************	***************************************	
O	RISE TO THE	OR CONDITIONS, IF	STATING T				
AT	- GNDERLYII	NG CONDITION LA	51.	(C)			
IFI	OTHER GIS	11					THE RESERVE OF STREET
RTI	TRIBUTING T	SNIFICANT CONDITION THE DEATH, BUT I	NOT RELAT	ED			
O H	19A. DATE OF			R FINDINGS OF OPER	ATION		20. AUTOPSY?
A.							YES NO
EDIC,	UNDERLYING	L CAUSE WAS OR CONTRIB- USE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore Ci	ity, give exact location)
Σ	21D. TIME (M.	onth) (Day) (Year)		21E. INJURY OCCURRI	21F. HOW DID INJU	RY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I certify	that I took char	ge of the	remains described a	bove, held anAutons	y, Inspection or Inqu	thereon and from
	and deat	h in my opinion	said Autoresulted	opsy, Inspection or I from: natural causes	nquiry, find that said accident \square , suicident \square , suicident \square	deceased died on	n the day stated above
	23A. SIGNATU	my mo	Clas	1201.	238. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	L EXAMINER	23c. DATE SIGNED
2.4 Tu	AA BURIAL CRI	EMA- 24B. DATE	- 4	24c. NAME OF CEMETE	RY OR CREMATORY 24D.		own, or county) (State)
4	ATE RECEIVED I	6/3/3.	2	Egyphany.	- procepal	orestrell	2. ////
Z	CAL REGISTRA	R III	tou V	Williams uno	PUNERAL DIRECTOR	3 1/2	pen M
W V	S 151	e l'accord		The state of the s	THE TO	nos. Ill	anloword for
11 4	0 1)1	9		10010	134 . X. X. V	deman	
-			10-11-1		1	-	The state of the s



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TMENT		0.7.40	
ТН	Registere	d No.	-
	2. DATE 5/	31/52	
DENCE (W)		. If institution: residence before admiss	ion)
ore	7-	mits, write RURAL and towns	give hip)
ameda B			
7 5	9. AGE (In years irthday)	If Under 1 Year If Under 24 Months Days Hours 1	louis Iin.
(State or for	eign country)	12. CITIZEN OF	RY
ranter NA	ME		
1 Chart		ADDRESS	
		INTERVAL BETW	
		ONSET AND DE	
	with exten	sive unknown	
stases			
	***********************	***************************************	

			MAPE:
		20, AUTOPS)	
		YES NO	7
DID (If	in Baltimore Cit	ty, give exact location)	
ID INJURY			
10 INJURY	occur?	3 _52 that I last saw	the
52 to 5/n., from th	occur?	9_ 52 that I last saw n the date stated ab	the ove
52 to 5/ n., from th	31 , 19	9_52that I last saw n the date stated ab 2255ATE SIGN 235731/52	the ove.
52 to 5/ n., from th	occur?	2 2 3 3 1/52 Depart of the date stated ab 2 3 3 1/52 Days, or county) (State of the state of	the ove

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

CAUSE OF DEATH

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				CILL			
	В	RT	Н	N	Э.		
	-	N. 4		-	0.5	_	

DECEASED 1. NAME OF (Type or Print) Obediah F. Reightler 2. DATE OF June 1 DEATH

Registered No-

3. PLACE OF D		arvlai	nd		
B. FULL NAME HOSPITAL OR				nstitution,	give street address or location)
INSTITUTION	845	N.	Eutaw	St.	
					Yrs.

50 yrs.

4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township) D. STREET ADDRESS (If rural, give location)

Davs 7. SINGLE, MARRIED March 10,1873

845 N. Eutaw St. 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year last birthday) Months Days Hours Min.

Single (Specify) Male White 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR Paper Hanger INDUSTRY Business

6. COLOR OR RACE

11. BIRTHPLACE (State or foreign country) Thurmont. Md.

12, CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

5. SEX

Reightler David

c. Length of stay in Baltimore

14. MOTHER'S MAIDEN NAME Babigah Fleagle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) (Yes, no or unknown)

16. SOCIAL SECURITY NO

17. INFORMANT BrotherADDRESS Thurmont. Forest Reightler. Md. INTERVAL BETWEEN

+20, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)

Coronary Occlusion

ONSET AND DEATH may 24

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) ..

arterio elerosos

21c. WHERE DID

INJURY OCCUR?

11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

20, AUTOPSY'

(If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, streat, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED NOT WHILE AT WORK

May 2 4 1952 to that I last saw the tune 1

1952 and that death occurred at 10:30 and from the causes and on the date stated above. deecased alive on May 31 23A. SIGNATURE

24B. DATE

22. I hereby certify that I attended the deceased from_

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY

United Brethren 4/52 June REGISTRAR'S SIGNATURE

Cemetery, Thurmont, Md. 25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTS

.L. Creager & Sans, Thurmont Md.

Every item write the cau FOR RESERVED INK. UNFADING Physicians: MARGIN

BINDING

information should be car of death clearly and legib.

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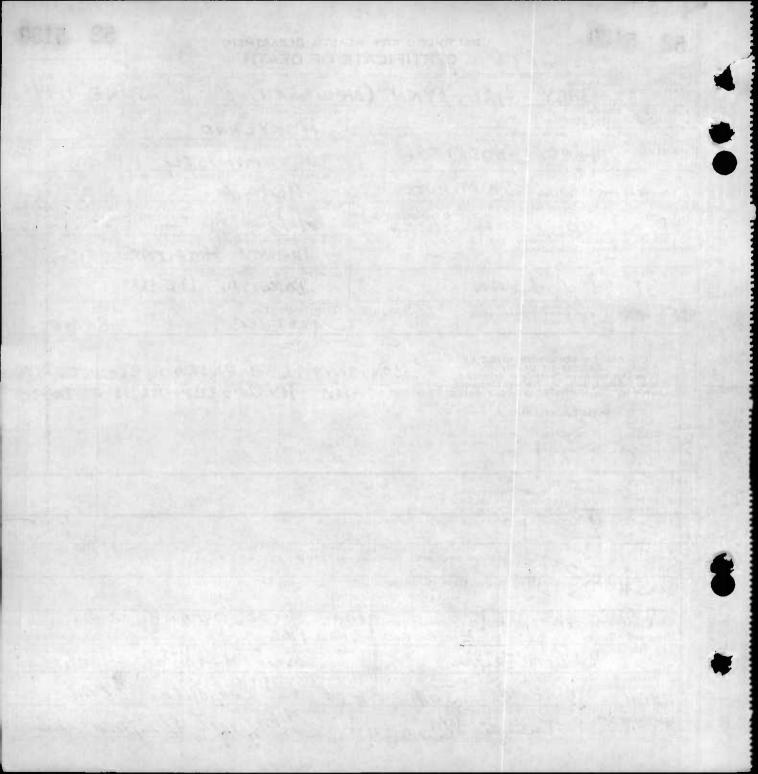
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The +	B	7/ 7/3/	EALTH DEPARTMENT 52 E OF DEATH Registered No.	5131
dt.	1.	(NAME OF DECEASED (Type or Print) Rachel A. Holt	2. DATE OF May 2	9,1952
ipplied.	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)
Ę	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) 4680 Falls Road	C. CITY OR TOWN (If outside corporate limits, we Baltimore 27-)	rite RURAL and give township)
e ca legibly	C.	Yrs. Mos. Length of stay in Baltimore Days	b. STREET ADDRESS (If rural, give location) 4680 Falls Road	
ld be	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Temale Colored Divorced	8. DATE OF BIRTH Jan. 7, 1871 9. AGE (In years last birthday) Month 81	Days Hours Min.
on shou clearly	WOL	DA. USUAL OCCUPATION (Give kind of k done during moet of working life, even if retired) Dress Maker		CITIZEN OF WHAT COUNTRY?
atio	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	J. 74
des		Thomas Jones	Mary E . Hall	
y item of information the causes of death cle	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mrs Annie Jones 4682 Falls	
UNFADING INK. Every i Physicians: please write the	TIFICATION	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	ease.	
UNF	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
hyd	AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
WITH Important.	MEDICAL	218. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		exact location)
	-	ED 21F. HOW DID INJURY OCCUR?		
TE PL		deceased alive on 2 2.1 hereby certify that I attended the deceased from deceased alive on 2.19, and that death occur	rred at 90 of m., from the causes and on the	hat I last saw the late stated above.
PLEASE VITE correct age is esp	2.	23A. SIGNATURE W. D. & W. D. 2 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	23B. ADDRESS George at 2	35. DISE FIGNED
East		Burial 6-2-52 Mt. Auburn		Md.
PLI		ATE RECEIVED BY REGISTRAR'S SIGNATURE	mai	DDRESS 578
	4	UN 2-1952 Tuntington Williams, Miles	1 114 rangery. Neurslay	iddle St_

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9-1017-212	oner Andrew					
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				Mary Mary V		
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5132 BALTIMORE CITY HEALTH DEPARTMENT 5132 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITX OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION legibly. Yrs. OUSTREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 60 Days should be be 50SEX If Under 24 Hours 6. COLOR OR RACE AGE (in years # Under | Year 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) widow 10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY WHAT COUNTRY? information C oure wis death 13. FATHER'S NAME MAIDEN NAME MOTHER S 15. WAS DECEASED EVER IN U. S. ARMED FORCES:
(Yes, no or paymown) (If yes, give war or dates of service) 16. SOCIAL of NFORMAN ADDRESS SECURITY NO causes of INTERVAL BETWEEN CAUSE OF DEATH item 120:0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. FADING UNFADING Physicians: (C) ... RTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Z Ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH portant. DICA YES NO (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY raniy WHILE AT NOT WHILE AT WORK WORK 1941, to_ . 19. Lthat I last saw the 22. I hereby certify that I attended the deceased from esp 1952 and that death occurred at pm., from the causes and on the date stated above. deccased alive on hay RITI is es 23B. ADDRESS 23c. DATE SIGNED 23 FSIGNATURE onas 24 BURIAL, CREMA-24C/MAME OF CEMETERY OR CREMATORY 24D. LOCATION (City town, or county) (State) 248. DATE TION REMOVAL (Specify) DATE RECEIVED BY SIGNATURE ADDRESS REGISTRAR'S FORMA MEGISTOS VS 150

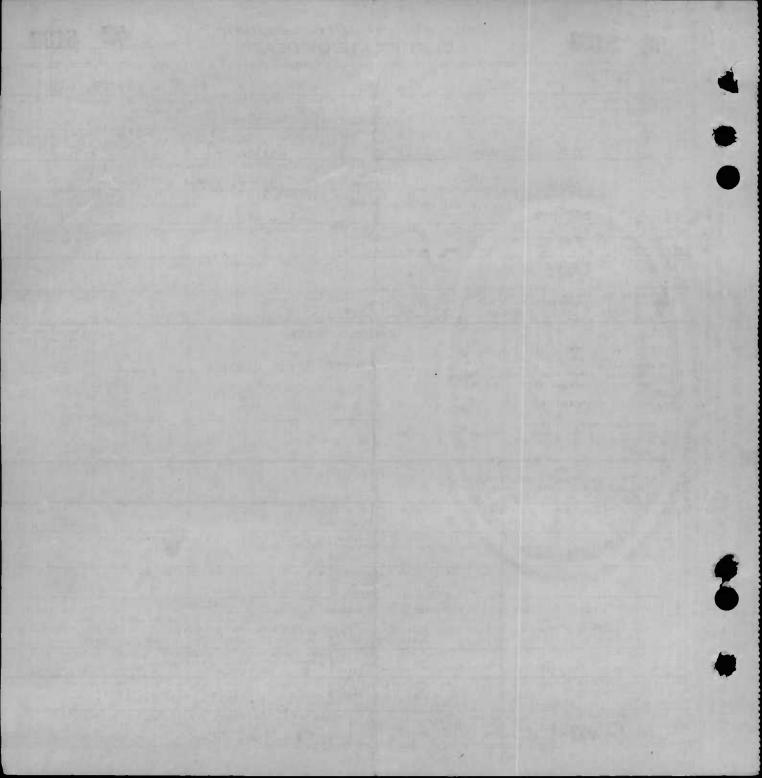
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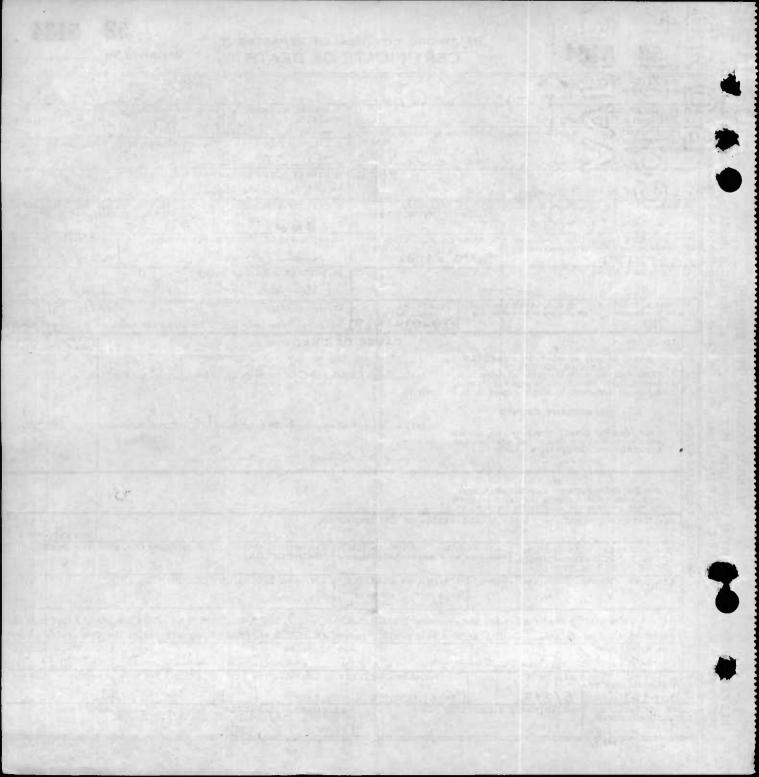
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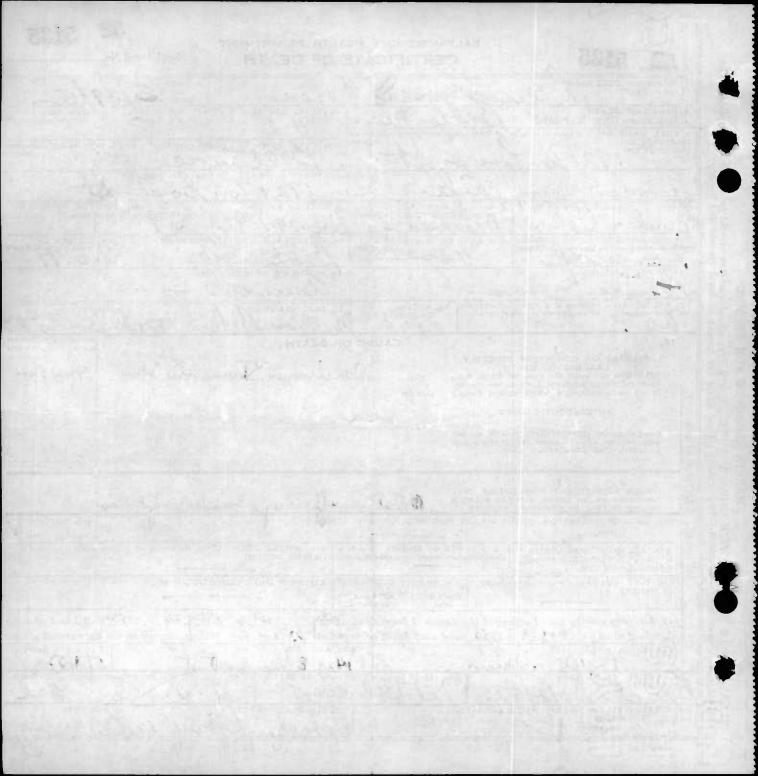
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

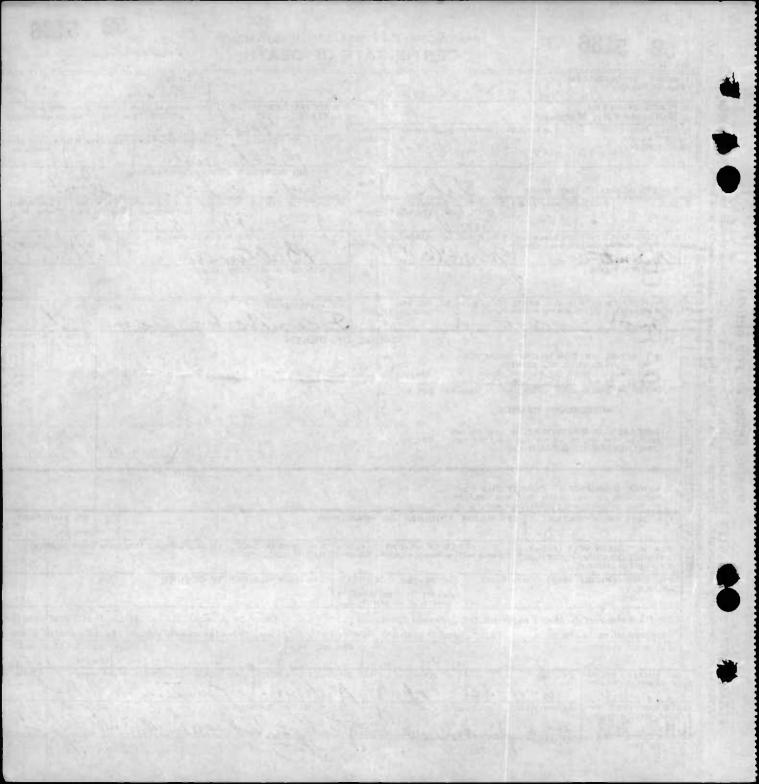
Registered No. 5133

1. NAME OF DECEASED (Type or Print) JAMES WILLIAMS	2. DATE OF DEATH May 28, 1952					
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence					
A. Baltimore City, Maryland B. FULL NAME OF 'f not in hospital or institution, give street address of	A. STATE B. COUNTY before admission) Maryland					
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
Franklin Square Hospital	Baltimore 19-02 township)					
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore 20Yrs Days	1531 W. Fayette Street					
WIDOWED, DIVORCED (Specify						
male colored 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
work done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?					
Laborer Trucking Co	Caroline Co., Va					
Archie Williams Sr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Charlotte Stevens					
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.						
	Henry William 2040 W das ator 4					
07-01	OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tic heart disease					
heart failure, asthenia, etc. It means the disease,	LIC DESTRUCTSESSE					
injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)						
(C)						
OTHER SIGNIFICANT CONDITIONS CON-						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.						
U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?					
4	YES NO D					
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., UTING CAUSE OF DEATH.	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?					
2 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY						
WHILE AT NOT WHILE AT WORK AT WORK						
22. I certify that I took charge of the remains described e	above, held an autopsy thereon and from					
the cvidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, s [X], accident [], suicide [], homicide [], undetermined [].					
Harley H. Duracher N	238. CHIEF MEDICAL EXAMINER					
	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial 6-2-52 Baltimore, No.	ational Ct. Baltimore, City.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR THE TOTAL MINISTER M. T.	25. FUNERAL DIRECTOR 108 W ADDRESS					
V S 151	a. J. July 18 son "Congemery sa					









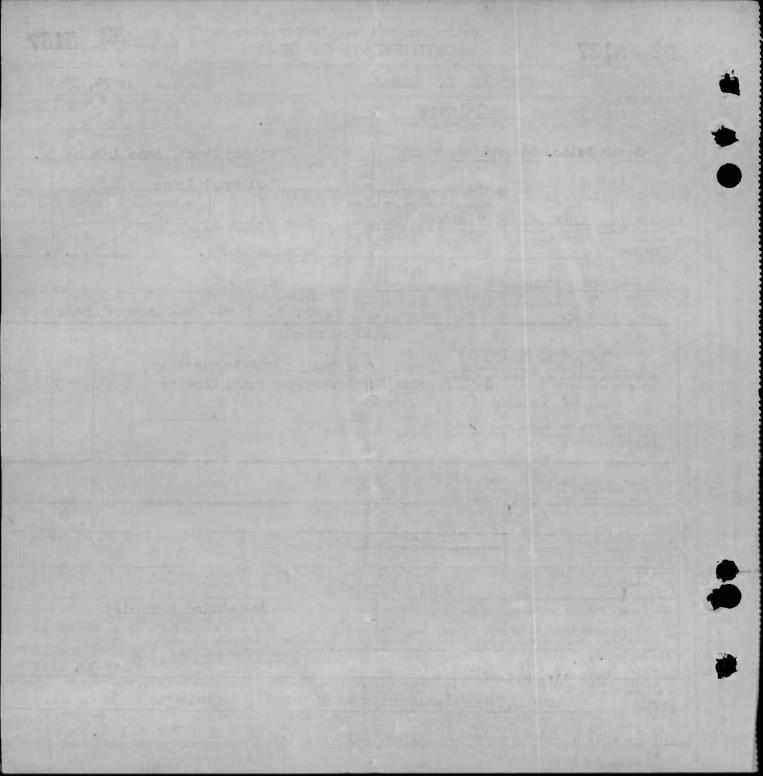
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No	5137
Registered No	U.U.

1. NAME OF D (Type or Print)	CATH	ERINE E	SHAW		2. DATE OF DEATH May	29, 1952
B. FULL NAME	City, Maryland	Baltimo	ore give street address o	A. STATE Md.	NCE (Where deceased lived, If is	before admission)
INSTITUTION	th Balto. Gen	eral Hosp		C. CITT ON TOWN	(If outside corporate limits, ard Beach, Anne Ar	township
13		Life	Vra	D. STREET ADDRE	SS (If rural, give location)	under oo.
c. Length of s	6.COLOR OR RACE	7. SINGLE. N	Days IARRIED, DIVORCED (Specify	8. DATE OF BIRTH		Under I Yaar If Under 24 Hours ths: Days Hours Min.
Female	White	widow		Sept. 9.	1883 69	12. CITIZEN OF
ork done during most House	CCUPATION (Give kind of of working life, even if retired)	TOB. KIND O	INDUSTR			WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MA	DEN NAME	Uayana
	rge Schneid		5. SOCIAL	unkr		
(Yes, no or unknown)	(If yes, give war or date	as of service)	security No.	Fred. S. S	haw-son-Orchard	d Beach
(This doe heart fail	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It me complication which	TH of dying, e.g., ans the disease.	(А) Нуре	OF DEATH rtensive Arte iovascular Re		INTERVAL BETWEE
O RISE TO UNDERL	ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	IF ANY, GIVING STATING THE AST.	DUE TO			
TRIBUTIN	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
19A. DATE	OF OPERATION 1	19B. MAJOR FI	NDINGS OF OPE	RATION		YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.						
21D. TIME OF INJURY	(Month) (Day) (Year	WHE	. INJURY OCCURI		INJURY OCCUR?	
				A. A	spection & inquiry sutopsy, Inspection or Inquiry said deceased died on the	
and d	e9th in my opinion	resulted from	n: natural cause	28 🗶, accident 🔲,	suicide 🗌, homicide 🔲, ur	idetermined [].
23A. SIGNA	Min /	Source		ASSISTANT ME M.D. MEDICAL INVE		7 30, 1952
24A. BURIAL. TION, REMOVAL (Burial	Specify) 248. DATE			e Memorial	Washington Bl	
DATE RECEIVE LOCAL REGIS	D BY REGISTRAR	'S SIGNATURE	Illiano M	25. FUNERAL DIR		ADDRESS
V S 151	444	7/ 30 650	With the same of the	15 1 0 1		



~	216
	BIRTH No. 5138
	1. NAME OF DECEASE (Type or Print)
ļ	3. PLACE OF DEATH:
	B. FULL NAME OF (

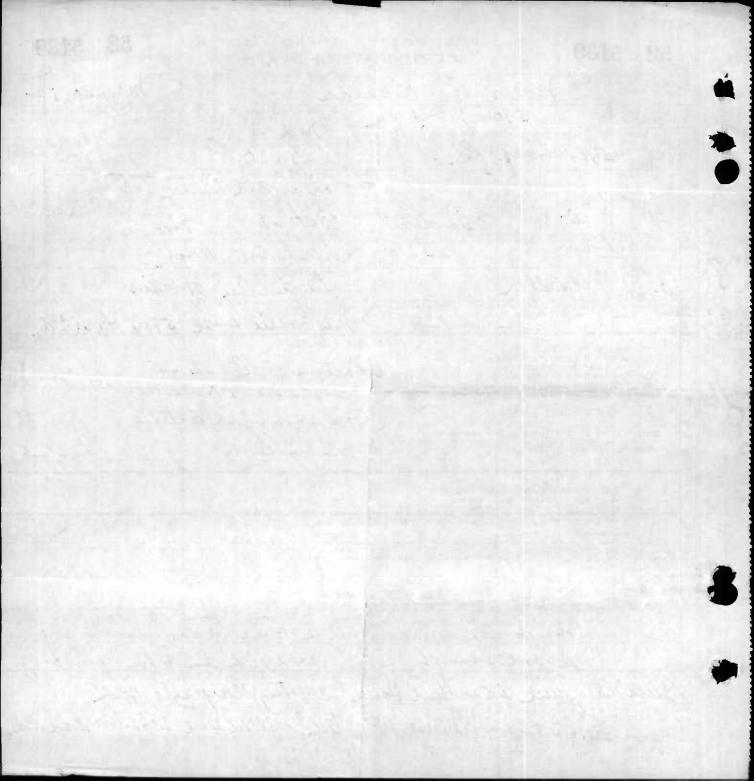
N 933X

BALTIMORE CITY HEALTH DEPARTMENT TIFICATE OF DEATH

Registered No. 5138

BIRTHNO. J.100 CERTIFICATE OF DEATH						
1. NAME OF DECEASED (Type or Print) CHRISTOPHER STAVEC	POULOS 2. DATE OF May 29, 1952					
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Md.) DEATH May 27, 1752 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission Md.)						
HOSPITAL OR INSTITUTION 3500 Cedardale Rd.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ralto D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore Days	3500 Cedardale Rd.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single)	13 - / -					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Baltimore mo					
Seorge .	14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	James Havropoulos 3500 Cedardale					
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH ONSET AND DEATH						
OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TURNS and extremities.						
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?						
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or 1 21C. WHERE DID (If in Baltimore City, give exact local injury occur?) April 10 CAUSE OF DEATH.						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT NOT WHILE AT WORK AT WORK LOCKED LIMSE of IN CEDENT CEDENT.						
22. I certify that I took charge of the remains described above, held an Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .						
ASSISTANT MEDICAL EXAMINER May 30, 1952 M.D. MEDICAL INVESTIGATOR MAY 30, 1952 24a. BURIAL, CREMA- 24B. DARE 24c. NAME of CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE 28. FUNERAL DIRECTOR ADDRESS						
JUN 2-1952 Huntington Williams, M. Kambber Juneral Home mel						
VS 151 N 933X 440. E. North Aug						

12 LIVENHEEL



3. PLACE OF DEATH:

B. FULL NAME OF HOSPITAL OR

INSTITUTION

5. SEX

Male

Conductor

(Yee, no or unknown)

13. FATHER'S NAME

A. Baltimore City, Maryland

work done during most of working life, even if retired)

c. Length of stay in Baltimore Life

John W. Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCEST

(If you, give was

6. COLOR OR RACE

White

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5140

5140

I. NAME OF DECEASED (Type or Print) Jown W. Brown

(If not in hospital or institution, give street address or

7. SINGLE, MARRIED

WIDOWED DIVORCED (Specify)

2642 Guilford Ave.

10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR

OF June 1,1952 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)

(If outside corporate limits, write RURAL and give

Registered No.

C. CITY OR TOWN

A. STATE

Baltimore D. STREET ADDRESS (If rural, give location)

2. DATE

2642 Guilford Ave.

8. DATE OF BIRTH 9. AGE (in years) May 17,1868

last birthday) | Months: Days Hours : Min. 84 14 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

If Under 1 Year

INDUSTRY Balto, Transit Col Baltimore

14. MOTHER'S MAIDEN NAME

Wilhimine Peters

16. SOCIAL 17. INFORMANT SECURITY NO.

Yrs.

Mos.

Days

Mrs Chables A. Leidlich

CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) 11

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

NO X YES (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

218. PLACE OF INJURY (e. g., in or

21F. HOW DID INJURY OCCUR?

195 to

NOT WHILE WORK 22. I hereby certify that I attended the deceased from.

m., from the causes and on the date stated above. 19 and that death occurred at 23c. DATE SIGNED 23B. ADDRESS

24A. BURIAL CREMA-TION, REMOVAL (Specify) BUTIAL 24B, DATE

June: 4,1952

24c. NAME OF CEMETERY OR CREMATORY Baltimore

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

OF INJURY

deceased alive on_

23A. SIGNATURE

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS

195 that I last saw the

20. AUTOPSY

VS 150

information should be c causes of item the RESERVED please INK. UNFADING Physicians: p MARGIN

RTIFICATION

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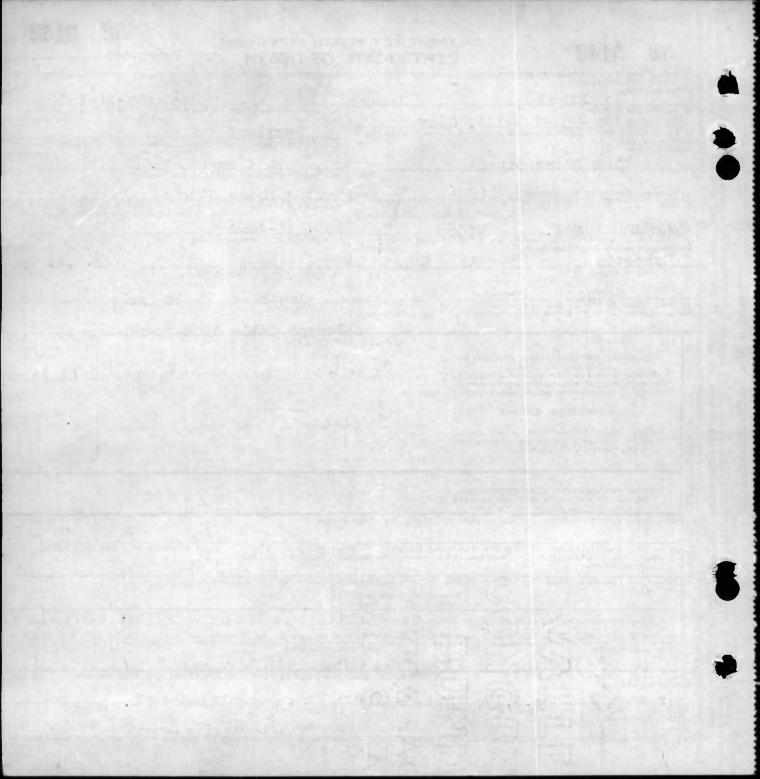
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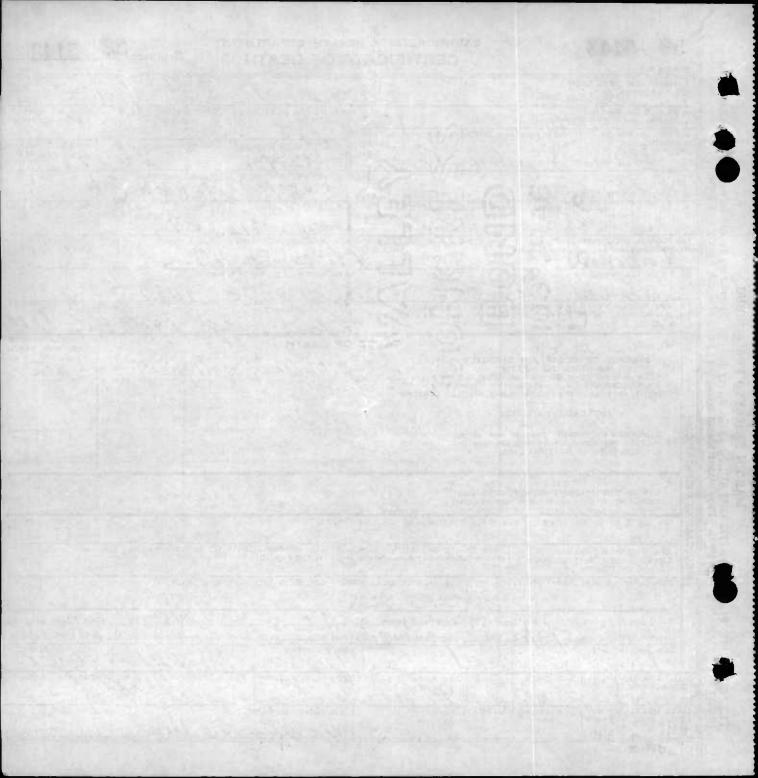
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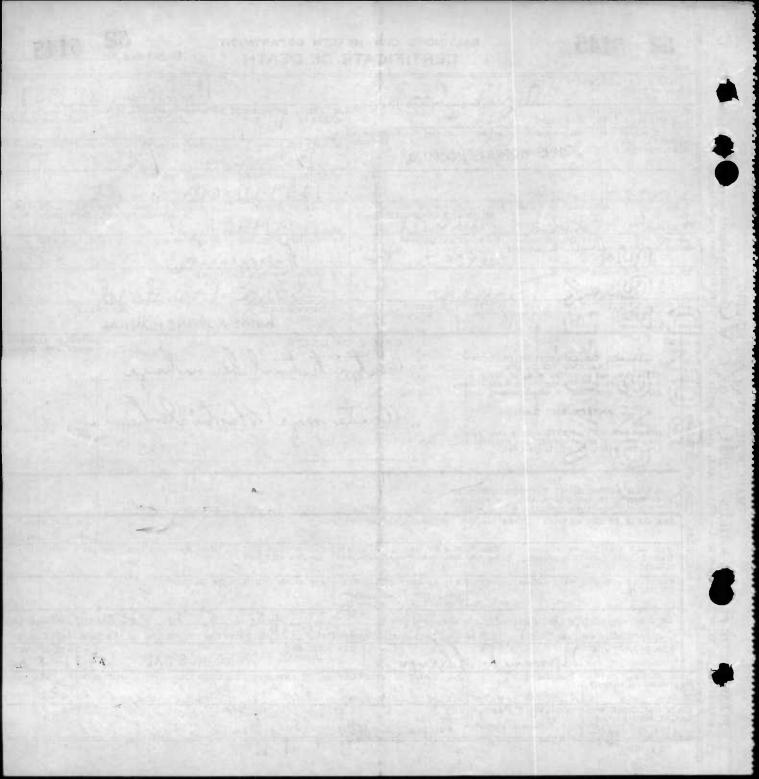
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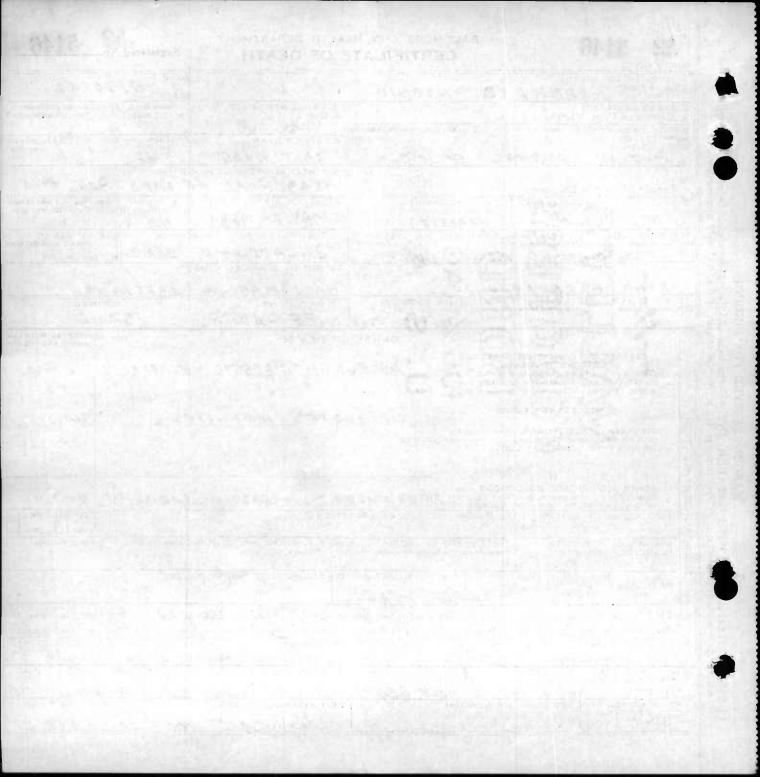
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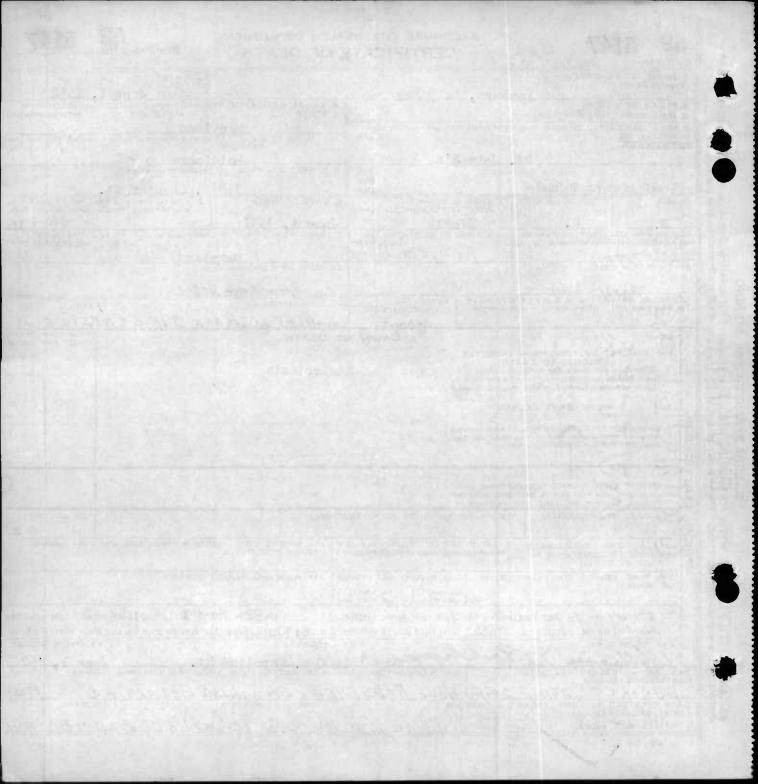
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VS 150

before admission) (If outside corporate limits, write RUR L and give township) 9. AGE (In years) II Under 1 Year last birthday) Months Days Hours Min. ff Under 24 Hours 12. CITIZEN OF WHAT COUNTRY PENNA BASCIANO SAME INTERVAL BETWEEN ONSET AND DEATH (If in Baltimore City, give exact location) 1952 to May 30, 1952 that I last saw the 23c. DATE SIGNED LOCATION (City, town, or county) ADDRESS



RESERVED



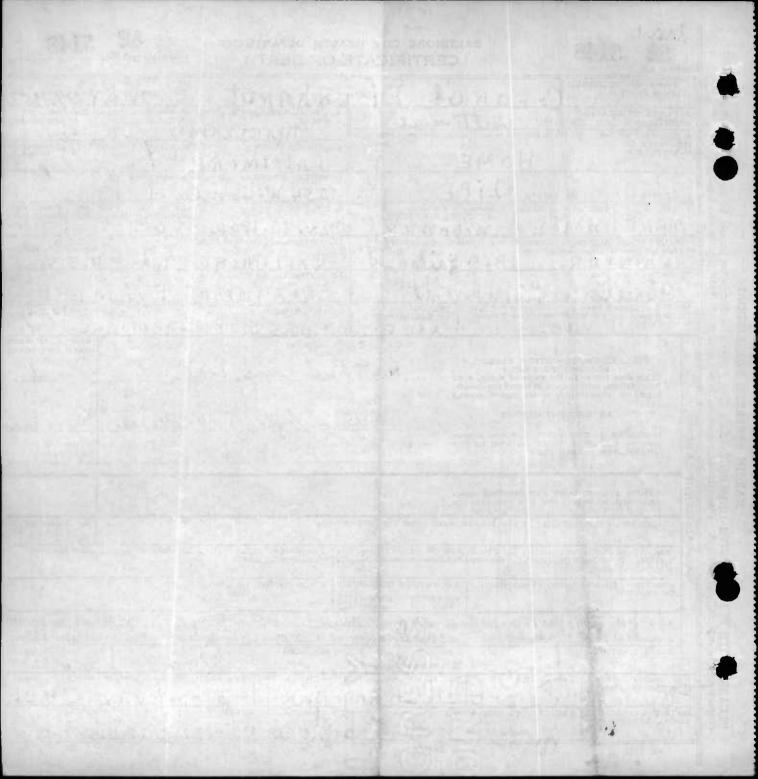
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	148
1. NAME OF D (Type or Print)	ECEASE
B. FULL NAME HOSPITAL OR INSTITUTION	City, Ma
c. Length of s 5. SEX MALE.	6.COLC
10A. USUAL OC work done during most of the last of the	working li

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No. 5148

	BIRTH NO.	
	(Type or Print) CFORGE EISEN ARDT OF DEATH INA	1 29.1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland ' Baltimore 4. USUAL RESIDENCE (Where deceased lived, If inst. A. STATE B. COUNTY	tution : residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or)	47
	HOSPITAL OR NOTITUTION (If outside corpora c (mitory)	township)
-	Yrs. D. STREET ADDRESS (If rural give location)	
	Mos. 100	
	c. Length of stay in Baltimore Days 234. W. Johnson 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) 11 Units) Year II Under 24 Hours
	MALE. WhitE WIDOWER DOW. 12.1866 86 Months	Days Hours Min.
W		CITIZEN OF WHAT COUNTRY?
	PAINTER. B+O-Railroad BALTIMORE. Md.	J.S.A
	13. FATHER'S NAME	
	Christian Cisentaral ELIZAGETH EMN	LERT
10	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDR	ESS 1224/
	NO. NONE JAMES EISENHARDT W.	Tombald 4
	18. 422.1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	B 1
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	one day
	injury or complication which caused death.) DUE TO	7
	ANTECEDENT CAUSES CONTENTS OF THE COLUMN ANTECEDENT CAUSES	Mary years
	DISEASES OR CONDITIONS, IF ANY, GIVING	geans
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	//
1	(C)	••••••••••••••••••••••••••••
1	TRIBUTING TO THE DEATH, BUT NOT RELATED	
1	to the disease or condition causing it. 19a. Date of Operation 19b. Major Findings OF Operation	20. AUTOPSY?
		YES NO
1	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	
		hat I last saw the
	deceased alive on May 26 1952 and that death occurred at 10 p. m., from the causes and on the	
		3C. DATE SIGNED
	abram Holdman, M.D. 206 5. Gilmon St.	5/30/52
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or common tion, removal (Specify)	qunty (State)
	Burial Jume 21952 LOUDAN. PARK HEREDRICKAY	MD.
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ALL LOCAL REGISTRAR	DRESS
	JUN 2-1959 H + + = = 10. B > A MENDEUL BDIPPEL 3128. HI	should are



ecially zmportant. P	Physicians: please write the causes of death clearly and legiony	please w	rrite t	he c	auses of	death	clearly	and	legiony.		-	

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF June I. 1952 Sadie Moser DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION St. Josephs Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 425 S. Robinson St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. White Femal Married 10A. USUAL OCCUPATION (Give kind of 11 BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? HWfe Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO (Yes, no or naknown) mi 18. 60X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO Y 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact iocation) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from May 31 1952, to June 1 19 52 that I last saw the deceased alive on June 1 . 19 52, and that death occurred at 1:55a m., from the causes and on the date stated above. 23B. ADDRESS 23A SIGNATURE 23c. DATE SIGNED Caroline St. 1),00 N. June 1 nando

24A. BURIAL CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY

REGISTRAR'S SIGNATURE

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

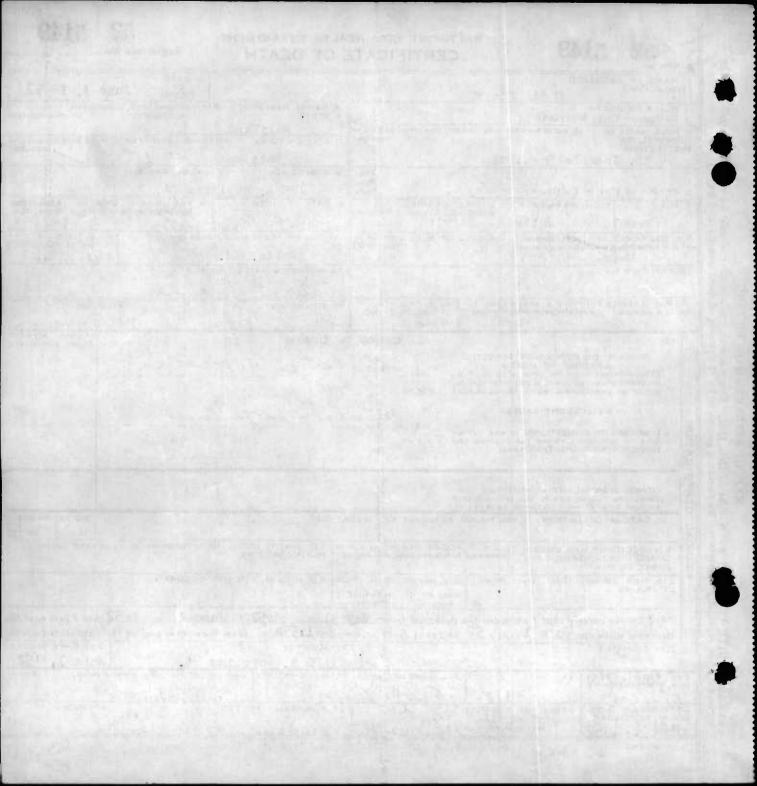
25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

ADDRESS

LOCAL REGISTRAR

VS 150

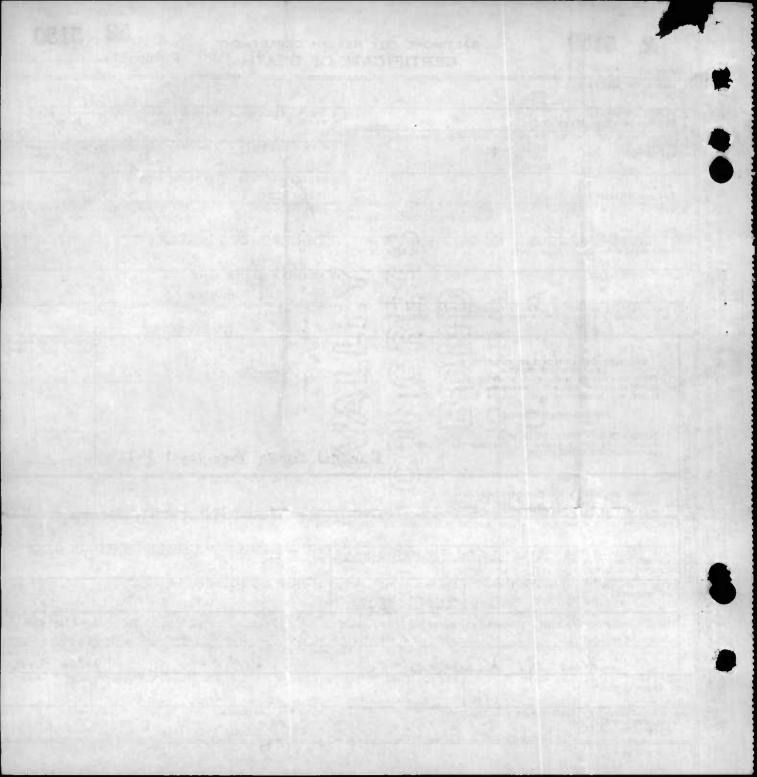


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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

52	5150

	TH NO.			CERTIFICAT	E OF DEATH	Registered	No
1. N.	AME OF D		Conno	las Olasahar		2. DATE OF	00 7050
A. B		eath: City, Maryland Ba	altimor		4. USUAL RESIDENCE (y 28, 1952 f institution: residence before admission
HOS	JLL NAME PITAL OR FITUTION			ion, give street address or location)	c. CITY OR TOWN (I	f outside corporate limi	ts, write RURAL and giv
5.5		Johns Hop	okins H	OSDITAL Yrs.	Lima b. STREET ADDRESS (li	f rural, give location)	00
		tay in Baltimore		26 Mos. Days	Divorciadas 64		
5. SI	ale	6. COLOR OR RACE White		E, MARRIED, ZED, DIVORCED (Specify) Led	8. DATE OF BIRTH Nov. 17, 1902		onths Days Hours Min.
10A. work do	USUAL OC one during most of Law	CUPATION (Give kind of f working life, even if retired) YET	108. KINE	OF BUSINESS OR INDUSTRY	Lima, Peru	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. F	ATHER'S N				14. MOTHER'S MAIDEN N	NAME	
		Maximili		echea	Hortensia Gonz	alez	
15. V (Yes, n	WAS DECEASE to or unknown)	D EVER IN U. S. ARMET (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				eren Carella	Mrs. Hildegard	Olaechea Li	Interval Between
ERTIFICATION	OTHER S	G OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA 'II IGNIFICANT CONDI TO THE DEATH, BUT	STATING THE	(c)	otid Sinus Vosi	o-vagal Fits	540-977 (Automotive Control Co
		F OPERATION 1		FINDINGS OF OPER	RATION		20, AUTOPSY?
		ENT WAS UNDER-	21B. PL/	ACE OF INJURY (e.g., i		(If in Baltimore City,	yes No [give exact location)
	CAUSE OF	R CONTRIBUTING DEATH	about nome,	farm, factory, street, office hidg.,	etc.) INJURY OCCUR?		
2	OF INJURY	(Month) (Day) (Year)	nı.	21E. INJURY OCCURR WHILE AT WORK AT WORK			
2	22. I hereb	y certify that I att live on 5/28	ended the	deceased from 5/	722 , 1952, to rred at 4.25Pm., from	5/28, 19.5 the causes and on t	that I last saw th
2	23A, SIGNA	ulius R.	Krei	ranse M.O.	J. H.	н.	23c. DATE SIGNED May 29, 195
TION	REMOVAL (S Burial	grecify) June		24c. NAME OF CEMETE Cemetery Gener	al de Lima L:	ima, Peru	n, or county (State)
DAT	NR ZEIST	1952 REGISTRAR	s SIGNATU	Villiams, M.J.	25, FUNERAL DIRECTOR	up Sou 805%	Calver St,
	VS 150		0	.055	80 17		



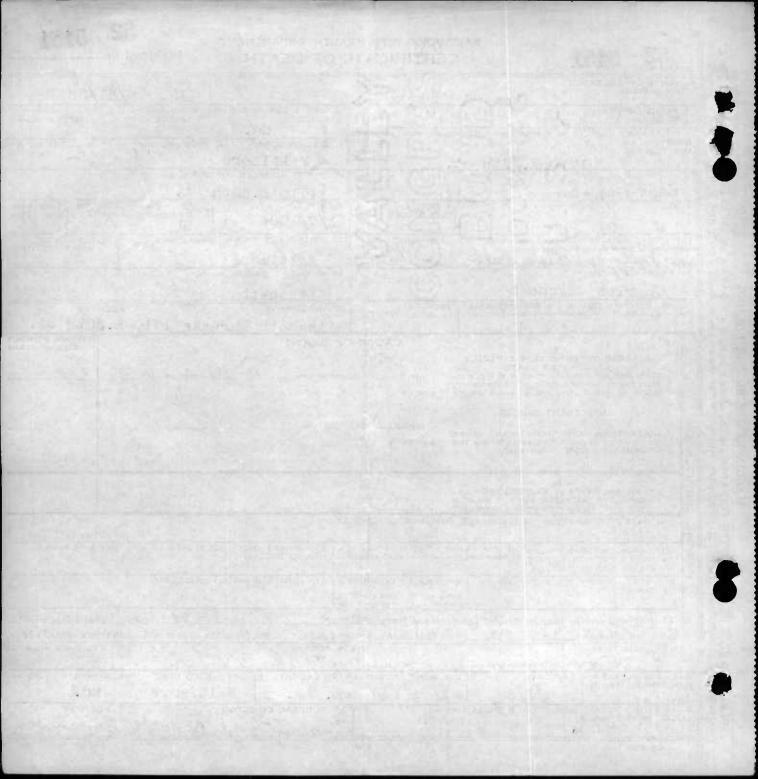
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No.

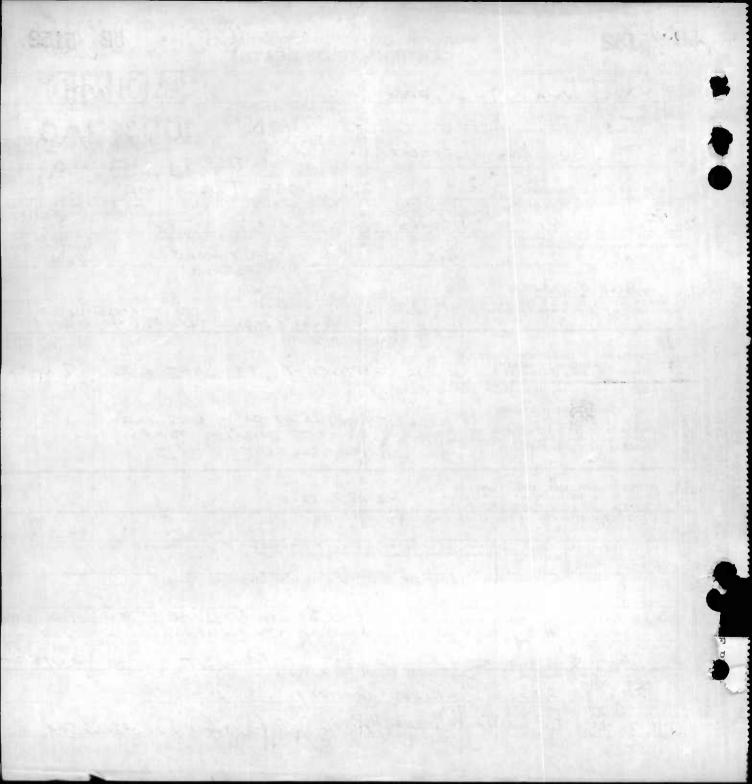
BI	RTH NO.	TOT.							
	NAME OF DE					2.	DATE	1== 1==	
			loward	Warneke Sr.			DEATH D	/31/52	
3. A.	PLACE OF DE Baltimore Ci	ity, Maryland			4. USUAL RESIDE	ENCE (Where	deceased lived. B. COUNTY	If institution : resider before admi	
В.	FULL NAME C		al or institu	tion, give street address or	Md				
	STITUTION			location)	c. CITY OR TOWN		de corporate lin	nits, write UURAL an	
1	10	1710 E.3	oth S	t.	Baltin	nore	7.	-06 °	nship)
				Yrs.	D. STREET ADDRE	ss (If rural	give location)		
c.	Length of sta	ay in Baltimore	Т.	ife Mos.	1710 E.	30th S	t.		
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, YED, DIVORCED (Specify)	8. DATE OF BIRTH	1 9.7	AGE (In years		
	M	W	WIDOW	M Specify	1/7/1884		68	Months Days Hours	Wiln.
10	A. USUAL OCC	UPATION (Givekindof	10B. KINI	D OF BUSINESS OR	11. BIRTHPLACE (S			12. CITIZEN OF	
1	done during most of	working life, even if retired)	Kalto	News-Port	Baltimo	re		WHAT COU	NTRY
13	FATHER'S N	AME	,	NEWSPAPER	14. MOTHER'S MA				
	Charle	s Warneke		DEMOINTER	777 4 3 4	-1-	9		
15		EVER IN U. S. ARMEI		16. SOCIAL	Elizabet	rtt	•	ADDRESS	
(Ye	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		987 3-		ADDRESS	
-					Elizabeth	Warnek	e 1710	L. SULII SU	
	18. /80	× 1			OF DEATH			ONSET AND	
		E OR CONDITION LEADING TO DEA				D 12		, ,	
	(This does	not mean the mode of e, asthenia, etc. It mea	f dying, e.		and the same of	PITE	may	1 yre.	
		complication which					-		
	A	NTECEDENT CAUS	SES						
z					erez.	************			
2	RISE TO TH	OR CONDITIONS, I E ABOVE CAUSE (A)	STATING T						
A	UNDERLYI	NG CONDITION LA	ST.	(C)					
FIC									
RTIFICATION	OTHER SI	II GNIFICANT COND	TIONS CO	AL.					
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	EO MON					
U		F OPERATION		FINDINGS OF OPER	ATION			20. AUTOP	CV2
AL	IOA. DATE OF	0. 5. 6.	5B. MA301						NO
EDICAL	21A. ACCIDE	NT WAS UNDER-	21B. PL	ACE OF INJURY (e. g., is	n or 21c. WHERE D	ID (If in	Baltimore City	, give exact location	
ED		CONTRIBUTING	ebout home,	farm, factory, street, office bldg.,	oto.) INJURY OCCU	R7			
Σ		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INTURY OC	CUR?		
	OF INJURY	(Day) (20a1)	(11041)	WHILE AT NOT WHILE			00111		
			m.	WORK ATWORK		,			
1	22. I hereby	certify that I att	tended the	deceased from Ma	7 3 19			, that I last sa	
			\$18,	and that death occur		, from the co	iuses and on	the date stated a	ibove.
	23A. SIGNATI	~ / .	DAY	2	3B. ADDRESS	200		23c. DATE SIG	GNED
	+. 7		an-	м. D.			22		
124 TIO	A. BURIAL, CI	eclfy)		24c. NAME OF CEMETE			TION (City, tow		State)
R	urial	6/3/	52	Moreland M		Balti	more	Md.	
D/	TE RECEIVED	BY REGISTRAR	S SIGNAT	URE	25. FUNERAL DIR	ECTOR		ADDRESS	
	2014 5-	1952 +	transton	Will	Janenees 7.4	del and	m/639	1 Broader	ay
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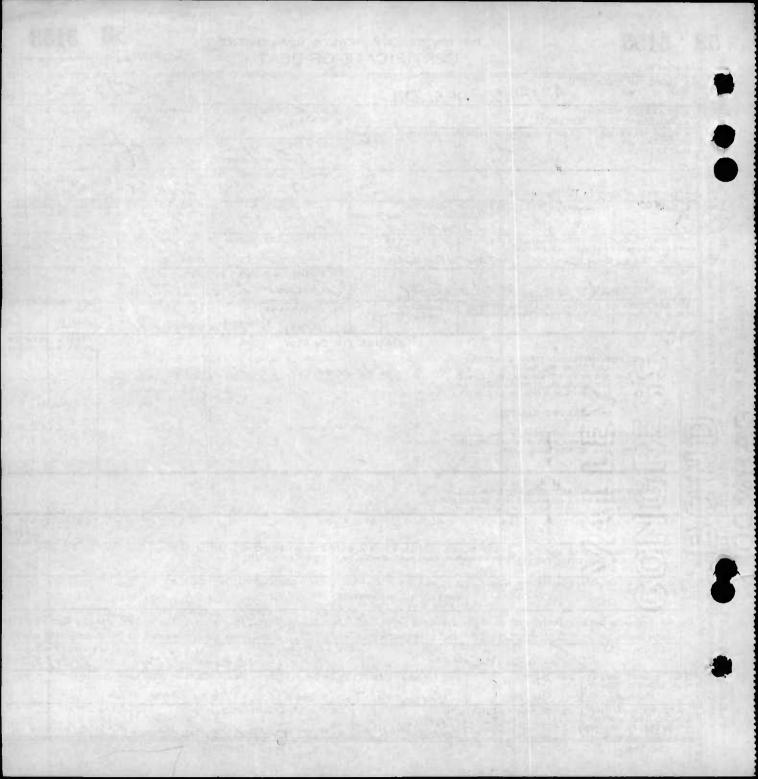
BALTIMORE CITY HEALTH DEPARTMENT

Che C	52 B	2-5152 IRTH NO.	2	ВА		EALTH DEPARTMENT E OF DEATH	Registered N	2 5152
		NAME OF DI		M. S	KIPPER		2. DATE OF 6/	1/52
ippli	Α.		ity, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. If i	nstitution : residence before admission)
July.	H	FULL NAME (OSPITAL OR NSTITUTION	CRAWRO		tion, give street address or location)		_	, write KURAL and give township)
be legan	_	Length of st	tay in Baltimore		Yrs. Mos. Days	1736 Th	mas Ave	
a r		1=	6. COLOR OR RACE	WIDOV	E, MARRIED. VED. DIVORCED (Specify) DOWED	JUNE 5, 1877	last birthday) Mor	Under I Year H Under 24 Hours https://doi.org/10.1001/
	wnr	HOME	fworking life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
NDING information of death cl			E W. MAGAN			14. MOTHER'S MAIDEN N WIL HELMIA	AME ?	
BINDING of inform uses of dea	(Ye	5. WAS DECEASE a, no or nnknown)	D EVER IN U.S. ARME (If yos, give war or dat	D FORCES? en of service)	16. SOCIAL SECURITY NO.	17. INFORMANT MR. JAY. F. SKIPPER	252 A-1 CHER	BORESTY. N.Y BY VALLEY AVE
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	RTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L GNIFICANT COND	TH of dying, e. 1 ans the diseas caused death SES IF ANY, GIVIN STATING TH	(B) FIRE	GRENE OF I	AURICULAR STOLEG. H.D.	724es.
UNH	CEF	TRIBUTING TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE CAUSING 1	T. HEMI	PLEGIA		
WITH ortant.	CAL		0		FINDINGS OF OPER		If in Poltimore City or	20. AUTOPSY?
RIT WEST	MEDI	LYING OR CAUSE OF I	Month) (Day) (Year y certify that I at ive on May 3	about home, (Hour) m. tended the	and that death occur	etc.) INJURY OCCUR?) NRE 1 , 1952	; that I last saw the
PLEAS correct age	D	AA. BURIAL. CON, REMOVAL (STANDARD ATE RECEIVED DOCAL REGISTE	BY REGISTRAR	20	WESTERN CEM	RY OR CREMATORY 24D. L STERY B 25. FUNERAL DIRECTOR	OCATION (City, town,	or county) (State) ADDRESS
Щ 5		JUN 2 - 1 vs 150	952 Tunty	aton 1	Velliaus My?	Mm. J. Tuckner + s	ons Jue. Be	lle med



VS 150

Wsa	} L	4 3 O 5153		BALTIMORE CITY HE		Segistered No	5153
pa	(1	NAME OF DECEASED ype or Print)		F. WALDAU		2. DATE OF DEATH	31/52
pplied	A.	PLACE OF DEATH: Baltimore City, Ma FULL NAME OF (If		institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution : residence before admission
E	H	OSPITAL OR UN	iversity	location)	C. CITY OR TOWN, (1)	f outside corporate lights,	writ VUIAL and giv
e ca legibr	C.	Length of stay in B	altimore /	Yrs. Mos. Days	1725 E.	frural, give location) 33nd St	#18
ld be	5	male 6. COLO		SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4/23/87	9. AGE (in years last birthday) Mont	nder i Year If Under 24 Hours hs Days Hours Min
n shou	10 wor	A. USUAL OCCUPATION done during plost of working life	e, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or :	foreign country) 1 - BALTo	2. CITIZEN OF WHAT SOUNTRY
ath	13	B. FATHER'S NAME	Antuna de	(A)	14. MOTHER'S MAIDEN	NAME	
DI	15 (Ye	5. WAS DECEASED EVER II	YRTHUR YOU N U, S. ARMED FOR give war or dates of se	RCES? 16. SOCIAL	17. INFORMANT		DRESS
of uses	-	No DOLV		?	MRS. ELEANORE POF	WLMANN - 1725 E.	INTERVAL BETWEEN
0 ± 0		18. 201 X DISEASE OR C		/	OF DEATH		DNSET AND DEATH
E 5		(This does not mean heart failure, asthen	a, etc. It means th	e disease,	dykus di	nen	
RVED Ever		injury or complicat	DENT CAUSES	d death.) DUE TO	V		
RESERVED INK. Ever	TION	DISEASES OR COM	IDITIONS, IF AN	Y, GIVING			
5	4	RISE TO THE ABOVE UNDERLYING CO	NDITION LAST.	(C)			
MARGIN NFADING hysicians:	ERTIFIC	OTHER SIGNIFICA	II ANT CONDITION	NS CON-			
MA UNF. Physi	CEI	TRIBUTING TO THE	CONDITION CAL				
WITH tant.	AL	19A. DATE OF OPERA	TION 19B.	MAJOR FINDINGS OF OPER	ATION		YES ND
WITH	IEDIC,	21A. ACCIDENT WAS LYING OR CONTR CAUSE OF DEATH		18. PLACE OF INJURY (e. g., in onthome, farm, factory, street, office bldg., e		(If in Baltimore City, giv	re exact location)
	Σ	21D. TIME (Month) OF INJURY	(Day) (Year) (Ho	ur) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	
TE PL especia	100	22. I hereby certify		ed the deceased from 5	/13 1952, to	5/31 ,1957	that I last saw th
RITE IS espe		deceased alive on	5/3/,19	32, and that death occur	red at 3 pm., from	the causes and on the	date stated above
20		1/8	angent	elder M.D.	Quivers	ity Hosp	5/31/52
SE t ag	71	ON, REMOVAL (Specify)	AB. DATE	24C. NAME OF CEMETE		LOCATION (City, town, o	r county) (State)
PLEASE correct ag		BURIAL ATE RECEIVED BY DOCAL REGISTRAR	REGISTRAR'S SI		EMETERY N 25. FUNERAL DIRECTOR	GOD LAWN, MD	ADDRESS
70	_	JUN 2 - 1952	Mustrust	or- Vallatus- My.	Mm. J. Julyen	· Aous Lne /	allo ma



NO

24D. LOCATION (City, town, or county)

ADDRESS

DIRECTOR

BURIAL, CREMA-

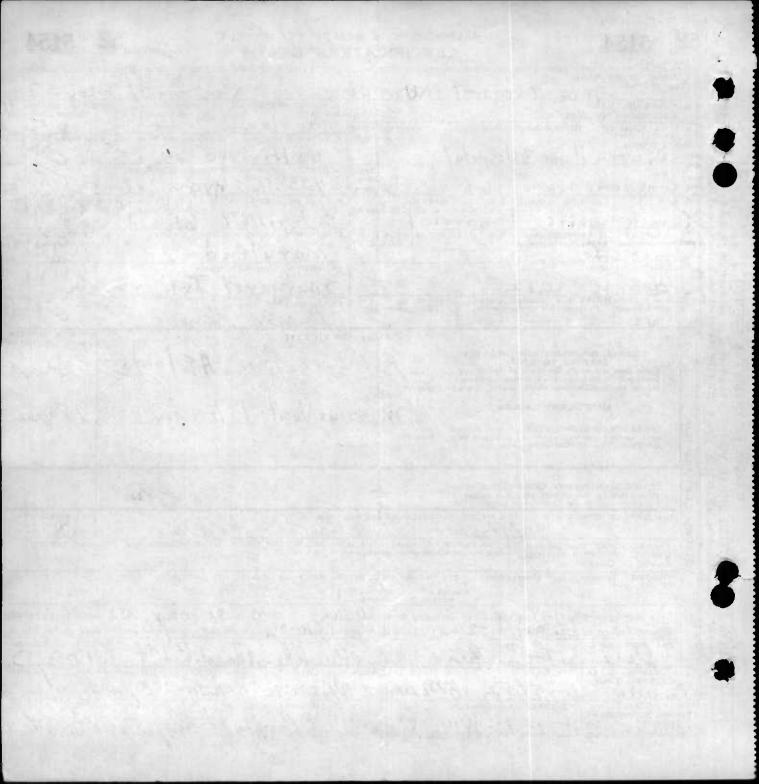
TION, REMOVAL (Specify) DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

24B. DATE

SIGNATURE

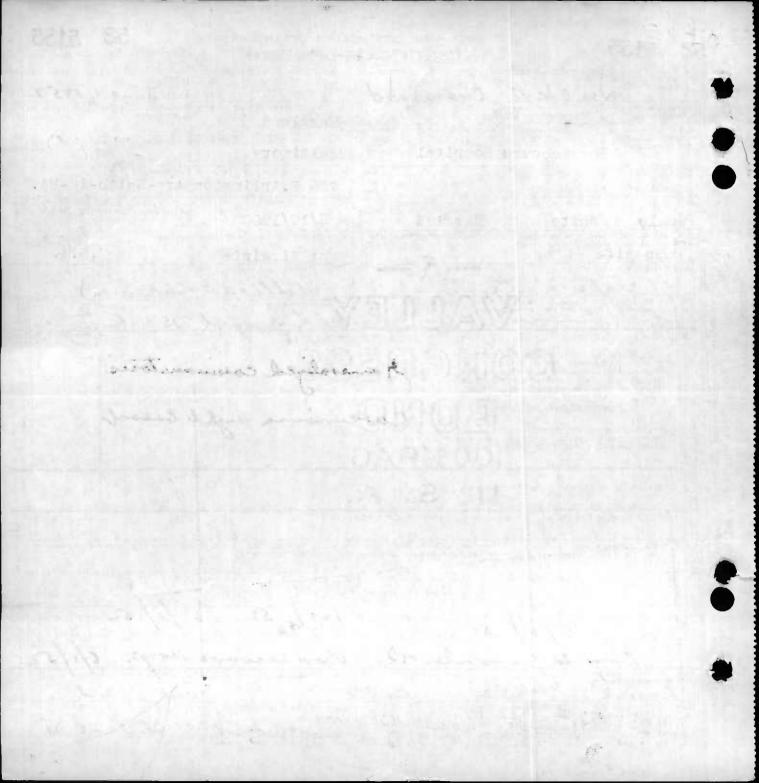


16/	6
52	5155
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

5155 52 Registered No.

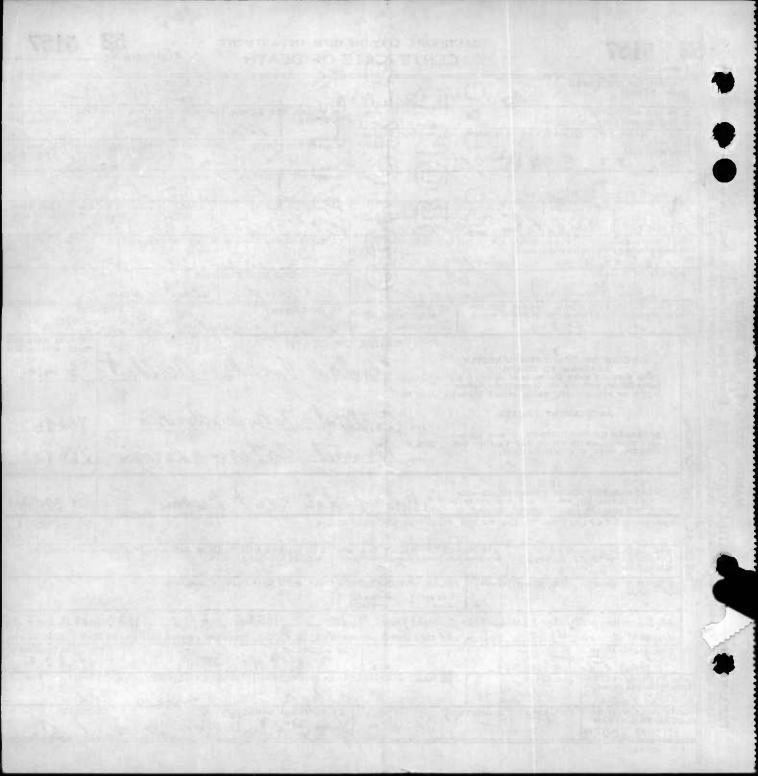
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mys. Claya Crawford	OF DEATH June 1, 195 Z
3. PLACE OF DEATH: A Raltimore City Maryland Yes	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. Baltimore City, Maryland 108 B. FULL NAME OF (If not in hospital or institution, give street address or	Maryland B. COUNTY before admission)
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limity, write BURAL and give
Bon Secours Hospital	Baltimore (township)
Yrs.	o. STREET ADDRESS (If rural, give location)
Mos.	705 E.Arlington Ave-Balto-12-Md.
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	
WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Under Year Under 24 Hours last birthday Months; Days Hours Min.
Female White Married	5/10/1900 52
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Housewife	West Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vakes of Louis	m. 11: (21. V.)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Maxiesa (currown)
(Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	ADDRESS ADDRESS
10	120 L. rawford 703 arlingon ave
18. / 70 X CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY	Older and dealing
(This does not mean the mode of dying, e.g.,	evalued Carmonatores
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
mighty of complication which caused death, Doe to	
ANTECEDENT CAUSES	1111.0001
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	mone tight breast
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST, (C)	
ž ————————————————————————————————————	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
218. ACCIDENT WAS LINDER. 218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et CAUSE OF DEATH	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from	124/ 1952 to 6 /1/1952 that I last saw the
deceased alive on 5/31, 1952 and that death occurr	red at Z"Am., from the causes and on the date stated above.
23A. SIGNATURE 23	BB. ADDRESS 23c. DATE SIGNED
Donald mobiles 47.0.	Bon Secours 100p. 6/1/52
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (Cly, town, or county) (State)
Burial 6/4/52 Bulto	1307 ms
DATE RECEIVED BY DEGISTRAD'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAPA IL A. L MILL	
11110 105741 7 1/1/1/ 4/1/4 4/1/3	11 Pag P 4 0 10 10 10 10 10 10 10 10 10 10 10 10 1
JUN 2-1952 Huntington Williams, M.P.	Un Sook Jac d 217 St. Paul J.
VS 150	1 Sock Jac d 217 St. Paul J.



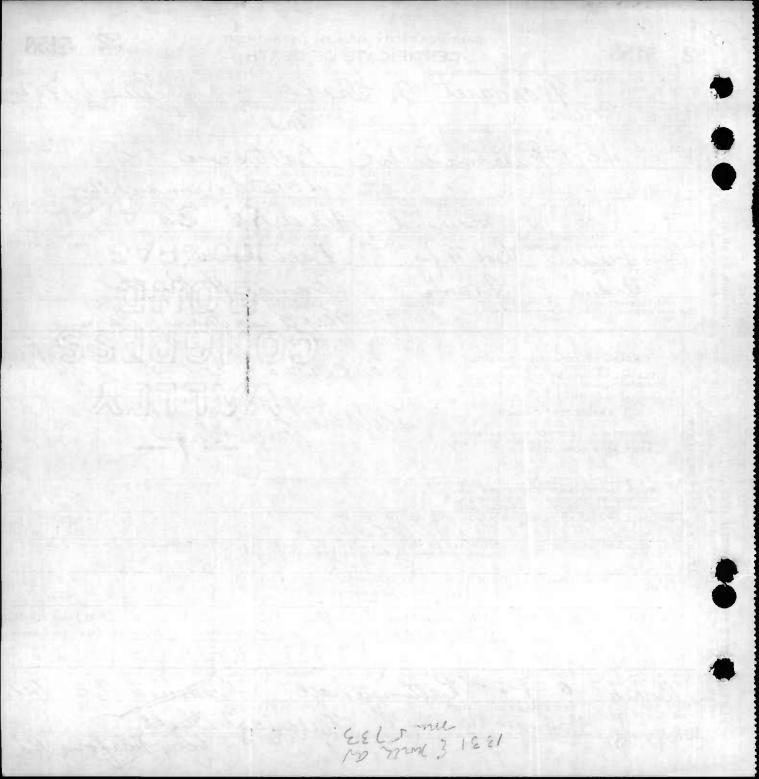
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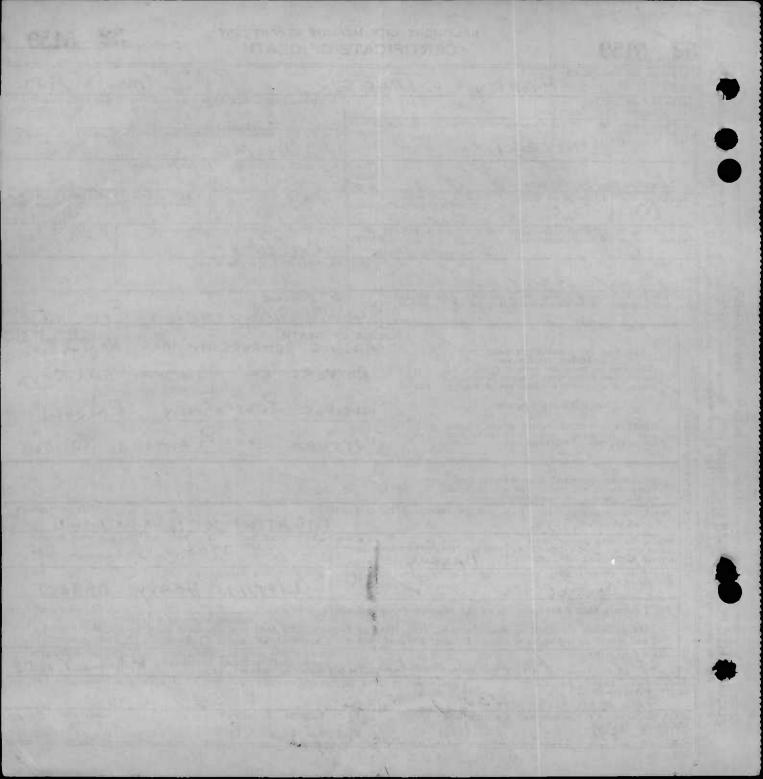
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits write BURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be early and l 5. SEX 9. AGE (In years if Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED If Undar 24 Hours WIDOWED DIVORCED (Specify) Make Married clearly 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work donerbyriog most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s ELLAZ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or uokoowo) (If yes, give war or dates of service) SECURITY NO 18. 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO enellad arterior der sis ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE arteriordusis UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL mportant. 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDER. (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE TE PL WORK AT WORK 22. I hereby certify that I attended the deceased from 1952 that I last saw the 4/30 1952, and that death occurred at_ deceased alive on_ m., from the eauses and on the date stated above. 234 SIGNATURE 238. ADDRESS 23C. DATE SIGNED 24A. BURIAL CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Burial ud. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2 -VS 150



(4)	(BALTIMORE CITY HEAL		58
he	SI BI	STH NO. CERTIFICATE C	OF DEATH Registered No. OI	00
		NAME OF DECEASED Margaret O. Grand	ob 2. DATE OF DEATH June 1, 19	252
pplie	Α.		. USUAL RESIDENCE (Where deceased lived. If institution; resistant B. COUNTY before a	idence dmission)
HI.	HC	landin)	CITY OR TOWN (If outside corporate limits, write RURAI	and give township)
	c	Yrs. D. Mos. Days	STREET ADDRESS Hi rural, give location) 4015 Greenman ave	
NG rmation should be death clearly and le				nder 24 Homs urs: Min.
shou		OA. USUAL OCCUPATION (Give kind of the first	BIRTHPLACE (State or foreign country) 12. CITIZEN WHAT CO	
NDING information s of death cle	13	3. FATHER'S NAME 2 PAPER (M) 14.	MOTHER'S MAIDEN NAME	
BINDING of inform uses of dea	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 19. SOCIAL 17.	INFORMANT ADDRESS	
of in	(Yes	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs anna Franz Same	
FOR ry item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	eusua of Breast 390s	
RESER INK. please v	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	State Carcinoma of Biver + Brain	
MARGIN UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
h-p-l	AL	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION	ION 20. AUT	OPSY?
WITH hportant.	EDIC	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		tion)
	M	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?	
RITE PI is especia		deccased glive on Way 31, 1957, and that death occurred	d at 7-Am., from the causes and on the date state	d above.
RI		talle M.D.	13316 Unthane 236. DATE.	-52
ASP set ag	710	100 MMOVAL (Specify) 6-4-5 Dallmore /	atl Frederick ave	(State)
PLEASI		OATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR L. Jan W. Laure M. 25	meddad 7 Blaff	

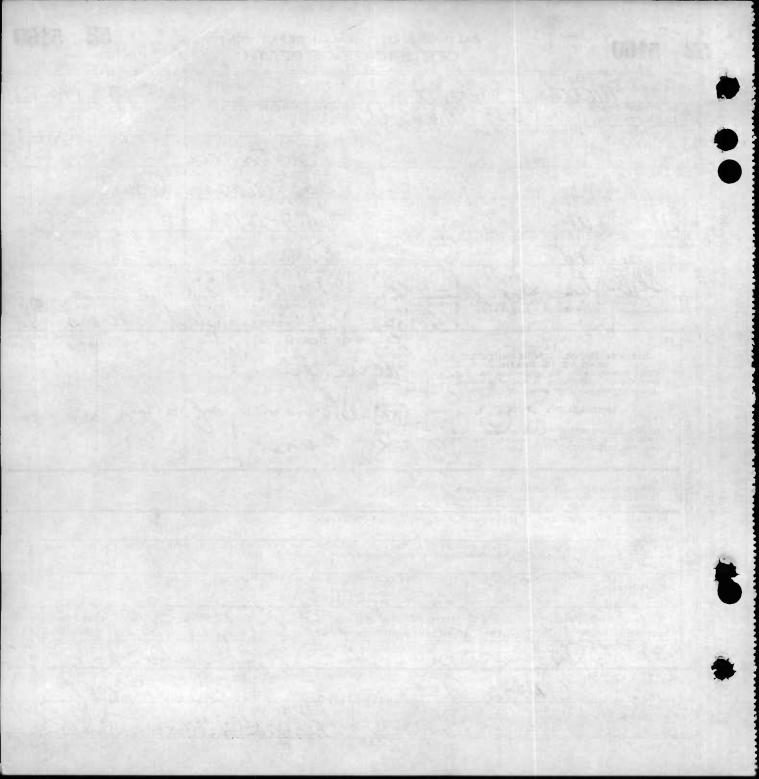


16	26 B	ALTIMORE CITY HE	EALTH DEPARTMENT	. 52	5159
5	S _{TH} N5.159	CERTIFICAT	E OF DEATH	Registered No.	0100
1. (T	NAME OF DECEASED HARRY	A. TRAGE	ER	OF May	31,1952
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If A. s. COUNTY	titution: residence before admission
HO	FULL NAME OF (If not in hospital or instit SPITAL OR STITUTION UNIVERSIT	ution, give street address or location)		outside corporate limits, w	vrite RURAL and giv
- c	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural give location)	t.
	SEX 6. COLOR OR RACE 7. SING	LE. MARRIED. OWED, DIVORCED (Specify)	1 B. DATE OF BIRTH, Oec. 16/1891	9. AGE (In years If Und last birthday) Month	der I Year Hours Min.
10 work	done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	Ballino	oreign country) 12	2. CITIZEN OF WHAT COUNTRY
	John Trader	. V	14. MOTHER'S MAIDEN N	AME	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-30-25/	Mr. Melvin	Harris n.	Clinter S
	18. £936.3 DISEASE OR CONDITION DIRECTL	nna	OF DEATH SSIVE RETROPE	RITONEAL NE	INTERVAL BETWEE
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc injury or complication which caused de	ease,	PTURE OF A	BOOMINAL VE	MA CAVA
3°	ANTECEDENT CAUSES	(B) MUL	FIPLE PULMO	MARY E	18061
ATION	DISEASES OR CONDITIONS, IF ANY, GIRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	PTURE OF	PLANTARU	TENDON
ERTIFIC	OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELY TO THE DISEASE OR CONDITION CAUSING	TED			
L C		R FINDINGS OF OPER	LIGATION	OF YENA CAVA	YES NO
EDICA		LACE OF INJURY (e. g., in the farm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
M	210. TIME (Month) (Day) (Year) (Hour) OF INJURY Opr. 26 //52 m.	21E. INJURY OCCURR WHILE AT WORK		11	BJECT
	22. I certify that I took charge of th	e remains described of	above, held an	Inspection or Inquiry	thereon and from
	the evidence obtained by said Ar and death in my opinion resulted	topsy, Inspection or .! from: natural cause	Inquiry, find that said de	eeeased died on the	day stated above letermined [].
	Harley H. Du		238. CHIEF MEDICAL ASSISTANT MEDICAL 1.D. MEDICAL INVESTIGAT	OR	DATE SIGNED
710 TI	A. BURIAL. CREMA- DE REMOVAL (Specify)	Bacton	MAL 249 C	altimore	2
D.	TE RECEIVED BY REGISTRAR'S SIGNA	TURE	25 FUNERAL DIRECTOR	les & Como (1)	DDRESS 2029



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MARGIN RESE	WITH UNFADING INK.	mportant. Physicians: please
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	PLEAST RITE PL.	pecially
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	PLEAS	correct

4	6~1	BALTIMORE CITY H	EALTH DEPARTMENT	52	5160
12	5160		E OF DEATH	Registered No.	0700
BI	IRTH NO.	CERTIFICAT	E OF DEATH		
1. (T	NAME OF DECEASED Type or Print) Watthew	sifor of		OF S.30 -	1952
A.	PLACE OF DEATH: Baltimore City, Maryland 33,		4. USUAL RESIDENCE (W		ution: residence before admission)
H	FULL NAME OF (If not in hospital or OSPITAL OR ISTITUTION	hatitution, give street address or location		outside corporate limits, wri	te RURAL and give township)
4	0	Yrs.	D. STREET ADDRESS (If	runn rive location)	2./
-	Length of stay in Baltimore	70ys. Mos. Days	333 Mas	on locust	
	m. W.	SINGLE, MARRIED. WILDOWED, DIVORCED (Specify	May 24-1870	9. AGE (In years Months last birthday) Months	
worl	A. USUAL OCCUPATION (Give kind of k done during most of yorking life, even if retired)	e. KIND OF BUSINESS OR INDUSTRY	11. BURTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13	Sunter Smare	lord	Martha (SME D	
15 (Ye	b. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16. SOCIAL SECURITY NO.	Mi Bent S	Pad 1950	255 Q/B
	18. 1914	CAUSE	OF DEATH		NTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ALLES OF THE PROPERTY OF	0 ^ '		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dy	ring, e.g., (A) Her	in Fale 914		(
	heart failure, asthenia, etc. It means the injury or complication which cause		7		***************************************
	ANTECEDENT CAUSES	mas	Lignancy o	of sing	
NOIT	DISEASES OR CONDITIONS, IF AN			0	
IF A	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	2	Fore.		
FIC		(C)			
RTIF	OTHER CICNIFICANT CONDITION	NG con			
Lul	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
0	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
AL	Total British of Total	MADON THE MOO OF ORE	THE THE PARTY OF T	betting the same	YES NO NO
EDICA		21B. PLACE OF INJURY (e. g., out home, farm, factory, street, office bldg.,		f in Baltlmore City, give e	
Σ	21D. TIME (Month) (Day) (Year) (Ho	our) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	m. WHILE AT NOT WHILE			
	22. I hereby certifuthat I attend	//	Ly 25 152 to M	an 31 15 2m	at I last saw the
	1116. 11	and that death occu	rred at m. from t	he couses and on the do	
	23A GNATURE	/	238. ADDRESS		C. PATE SIGNED
	on of John	DU M. D. F	+03/14d	uns 197	6/1.52
1	4A. BURIAL, CREMA 24B. DATE ON) REMOVAL (Specify)	24C. NAME OF CEMETE	ENY OR CREMATORY 240.1	CATION (gity, town, or co	ounty) (State)
D	ATE RECEIVED BY REGISTRAR'S ST	IGNATURE	25-FUNERAL DIRECTOR	ADI	DRESS 2024
	OCAL REGISTRAR Huntingto	in Williams MJO	Thelis Hear	vegumo, On	law
1	VS 150	9 5 2 0	7	0	st

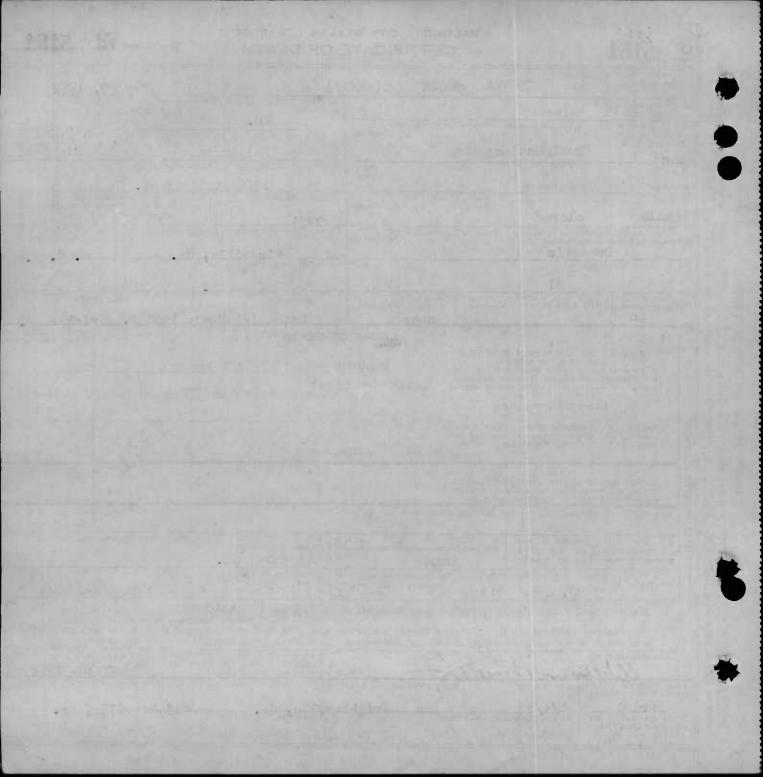


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46	RTH	WO	UL	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 5161

BIRTH NO.								
1. NAME OF (Type or Prin	DECEASED GENC	RVA B	OONE (HEN	RY)		2. DATE OF DEATH May	30, 1	952
	e City, Maryland			4. USUAL RESI	DENCE (Wh	ere deceased lived B. COUNTY		on: residence efore admission)
B. FULL NAME HOSPITAL CONSTITUTION	OR		on, give street address or location)	C. CITY OR TOW		utside corporate Af	faits, write	URAL and give township)
	2201200110	-100p2 0d.	Yrs.	D. STREET ADD				
c Length	of stay in Baltimore	9	Mos. Days	1	360 St.m	icker St.		
5. SEX	6. COLOR OR RACE		MARRIED,	8. DATE OF BIR		9. AGE (In years	If Under 1 Yea	
Female	Colored	WIDOWI	ED, DIVORCED (Specify)	1927		32?	Montas Da	Hours Min.
	OCCUPATION (Give kind of nost of working life, even if retired) Domestic	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE				TIZEN OF
13. FATHER	'S NAME			14. MOTHER'S N	AIDEN NA	ME		30 A8
15. WAS DECI	EASED EVER IN U.S. ARME	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	5
(1 es, no or unkno	(II Jes, give war or date	s of service)	none	Nathar	maH Fair	ry 1360 N	. ctroic	lean Cd
(This heart! injury	LEADING TO DEA does not mean the mode failure, asthenia, etc. It mes or complication which ANTECEDENT CAU ASES OR CONDITIONS, TO THE ABOVE CAUSE (A) ERLYING CONDITION L	TH of dying, e. g ans the disease caused death. SES F ANY, GIVING STATING TH	(B)	ot wound of chest	left a	rm and		SET AND DEATH
LI TO TH	R SIGNIFICANT COND TING TO THE OEATH, BUT E OISEASE OR CONDITION E OF OPERATION	NOT RELATED	D	ATION		-	20	
AL -							YE	s X NO
UNDERL'	ERNAL CAUSE WAS YING (I OR CONTRIB- - CAUSE OF DEATH.	about home, fa	CE OF INJURY (e. g., i rm,factory,street,office bldg.,d	586 Bak	er St.	in Baltimore Cit	y, give exac	et location)
Z 210. TIM OF INJU	E (Month) (Day) (Year RY May 30, 1952	600 W	HILE AT NOT WHILE WORK AT WORK			S Ye	volve	7
the and	ertify that I took cha evidence obtained by I death in my opinion	said Auto	psy, Inspection or l rom: natural cause	Inquiry, find the s \Box , accident \Box	Autopsy, In at said dec], suicide [spection or Inqui	the day , undeter	mined [].
24A. BURIA	William ()	Vore TEX	40 NAME OF CEMETE	ASSISTANT	MEDICAL EX IVESTIGATO	R	May 30.	, 1952
Buri	1 6/4/52 IVED BY REGISTRAR	S SIGNATUI	Wrigh	25. FUNERAL D	RECTOR	Kelson	- 130	ess.
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W	300	62		BA			ALTH DEPAR		Registered	12	5162
The	1. NAME O	F DECEAS		7701	MITTOR				2. DATE OF	- 20 3	٥٢٥
olie	3. PLACE C	F DEATH:		(d.L.)	WHITE		A. STATE	_	here deceased lived. B. COUNTY	If institution bei	752 n: residence fore admission)
G.	B. FULL NA HOSPITAL INSTITUTION	OR ON	rovident		tion, give street	address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
ibly.	T 41			10301	vai	Yrs. Mos.	D. STREET ADDI		ural, give location)	1-0	
should be carearly and legibly	5. SEX Femal	6.COL	Baltimore OR OR RACE		E. MARRIED, WED, DIVORCE	Days Days D (Specify)	last birthday) Mor		H Under Year Months Day	Hours Min.	
on should			ION (Give kind of life, even if retired)	10B. KIN	D OF BUSINES	SS OR NDUSTRY	11. BIRTHPLACE	(State or fo		12. CITI WHA	ZEN OF AT COUNTRY?
ation ath cle	13. FATHER			?			14. MOTHER'S M	AIDEN NA	ME		
BINDING of information uses of death cle	15. WAS DEC (Yes, no or unks		IN U, S. ARMED	FORCES?	16. SOCIAL SECURI NONO		Lucy Ann Winston 17. INFORMANT ADDRESS Howard White 1309 Edmondson Ave.				
RESERVED FOR INK. Every item please write the cal	(This heart injur	does not m failure, asth y or compli ANTEG	CONDITION ING TO DEA' ean the mode of enia, etc. It mea eation which of CEDENT CAUS ONDITIONS, II OVE CAUSE (A)	TH f dying, e. ns the disea aused deat SES F ANY, GIVI STATING 1	Y .g., (A) ase, th.) DUE TO	Hypert	of DEATH	diovasc	ular Diseas		ET AND DEATH
MARGIN 1 UNFADING Physicians: 1	C OTH.	JTING TO TH	II ICANT CONDITION TO CONDITION RATION 1	NOT RELAT	TED	OF OPER	ATION			20.	. AUTOPSY?
TH.	A P			1 218 PI	ACE OF INJU	RY (e. r., i	or 21c. WHERE	DID (I	f in Baltimore City	yes	
WITI	UNDER UTING	UNDERLYING OR CONTRIB. about home, farm, factory, street, office hidg., etc.) UTING CAUSE OF DEATH.									
FRITE PLATIS especially	th	The evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes A, accident , suicide , homicide , undetermined .						stated above,			
90	344 81181	GNATURE AL, CREMA-	24 X	Ou	Lac. NAME OF	LEE M		MEDICAL I	EXAMINER	May 31,	1952
PLEASE	Buria.	AL (Specify)	6/3/52			Auburn			Balto. Md		
PL	DATE REC LOCAL RE	GISTRAR	REGISTRAR'		WRE WHALLY	M.F.	25. FUNERAL D	1 ska	leon li	ADDRE	55
	V S 151	1004		and the second	600.00	W11-2	4	Pre	esslin	en.	Sty

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Every item of information should be car write the causes of death clearly and legibry.

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UNFADING INK. Physicians: please

RITE PLA VITE is especially important.

PLEASE correct ag

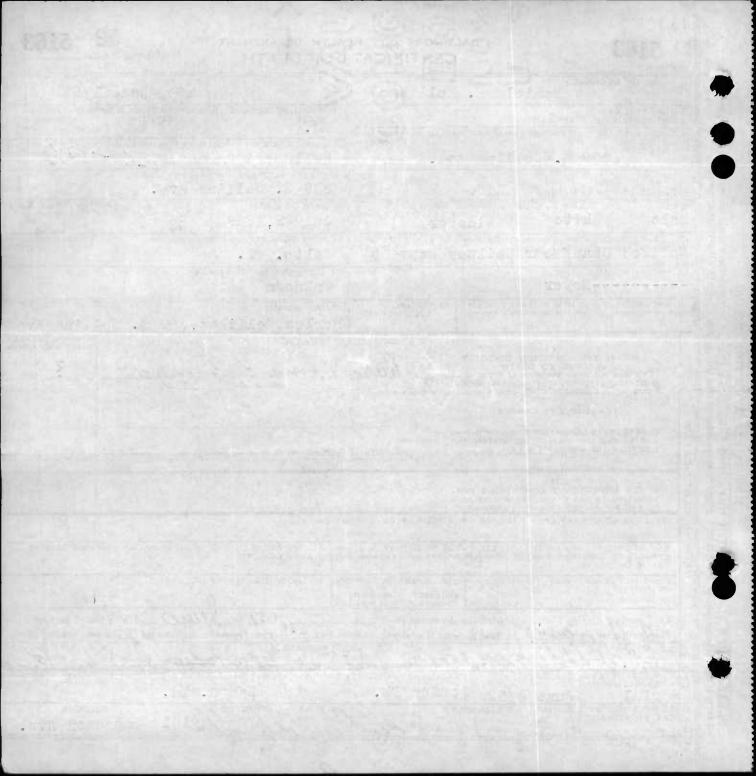
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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

52 5163 Registered No.

101 Edmondson Ave.

В	RTH NO.			CERTIFICAT	E OF DEATH		
	NAME OF D		1 E.	Rellihan		OF June	1/52
Α.	PLACE OF DE Baltimore C	City, Maryland	al or institut	on, give street address or	4. USUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	stitution : residence before admission
	OSPITAL OR	309 S. Col	lins A	location)	Baltimore (If	outside corporate limits,	write RURAL and give township
-		tay in Baltimore	Life	Yrs. Mos. Days	309 S. Collin		
-	ale	White	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify) WET	July 3,1889	9. AGE (In years last birthday) Mont	nder 1 Year If Under 24 Hour the Days Hours Min
10	A. USUAL OC	CUPATION (Give kind of the king of the king life committee life did not be the committee life di	Railwa	of Business OR INDUSTRY	Balto. Ed.	reign country) 1	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	Meyer			14. MOTHER'S MAIDEN NA Unknown	AME	
15 (Ye	s, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Charles Relliha		ollins Ave
ERTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (A) (B) (B) (CO)						
CERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
EDICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
CAUSE OF DEATH 21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
		y certify that, I at ive on may 27	tended the	deceased from and that death occur	rred at 430 gm., from hi	Myl, 1952, the causes and on the	that I last saw the date stated above
	Burial	CREMA- 24B. DATE pecify) June 4		oud on Pk.		DCATION (City, town, o	r county) (State)
	ATE RECEIVE			A A STREET	25. FUNERAL DIRECTOR	4101 Bamar	ADDRESS



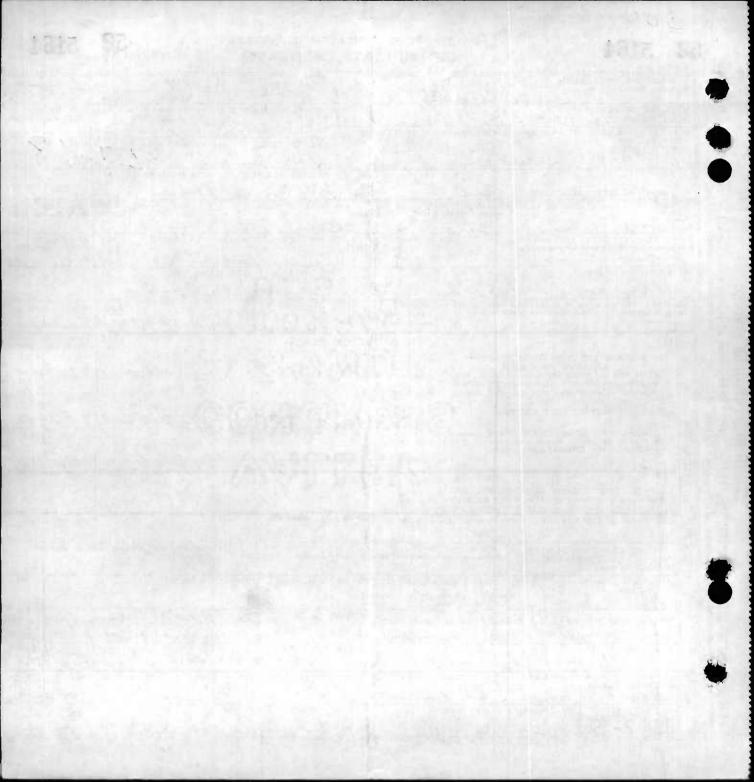
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Je Je	52	5	18	34
5	BIRT	H NO).	
	1. NA	ME	OF	DE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5164

V.		NAME OF DECEASED Pope or Print)	1) X 10 2. DATE OF OF OF OF
		a. Elizabeth	DEATH / May 31, 1952
1		PLACE OF DEATH: Baltimore City, Maryland 3708 Adaultung Ta	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. CQUNTY before admission)
H		FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)	Maryand Dallingera
		STITUTION	c. CITY OR TOWN (If outside corporate limits, write RUIAL and give township)
	27	3/08 Kydulding (Inc.	D'STREET ADDRESS (If rural, give location)
0		Yrs. Mos.	a to a d long to
		Length of stay in Baltimore Days SEX [6.COLOR OR RACE 7. SINGLE, MARRIED.	8, DATE OF BIRTH / 9, AGE (In years) if Under I Year If Under 24 Hours
N CONTRACTOR	37	SEX 6. COLOR OF RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	Panel 17 1911 last birthday) Months: Days Hours Min.
	10/	. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
3	work	done during most of working life, even if retired) INDUSTRY	Datimore 711
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
3		norman s. White	Tola L. Toda.
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknowo) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT A / ADDRESS
2	(100,	no or unknowo) (If yes, give war or dates of service) SECURITY NO.	Tura Lola J- White 3708 Aculding In
3		18. 422. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. 54
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ema of sungs I day
		injury or complication which caused death.) DUE TO	
		ANTECEDENT CAUSES	di repullar discipe 8400
3	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING	ars-vivo are anales ongs.
24	Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
2	ICA	(C)	
3	RTIFI	II	
	田田	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
	Ü.	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY?
3	A L	198. MAJOR FINDINGS OF OPER	YES NO
3	DICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., id	o or 21C. WHERE DID (If in Baltimore City, give exact location)
	MED.	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	ob.) INJURY OCCUR?
	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
		m. WHILE AT NOT WHILE	
200		22. I hereby certify that I attended the deceased from	2r. 24, 1952 May 3/, 1952, that I last saw the
2		deceased alive on May 31, 1952, and that death occur	rred at 732 a.m., from the causes and on the date stated above.
2		Alexan Y / I - 11	2108 8 F. Paul St 230. DATE SIGNED 5/31/52.
	24	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
2	TIO	Decree Specify June 3/52 assured	hour Tilesville largan
777	DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR / ADDRESS
5	LU	JUN 2-1952 1- 1 1/11: 1	taring There sons the House
		VS 150 Tunting or Walkally, TY	



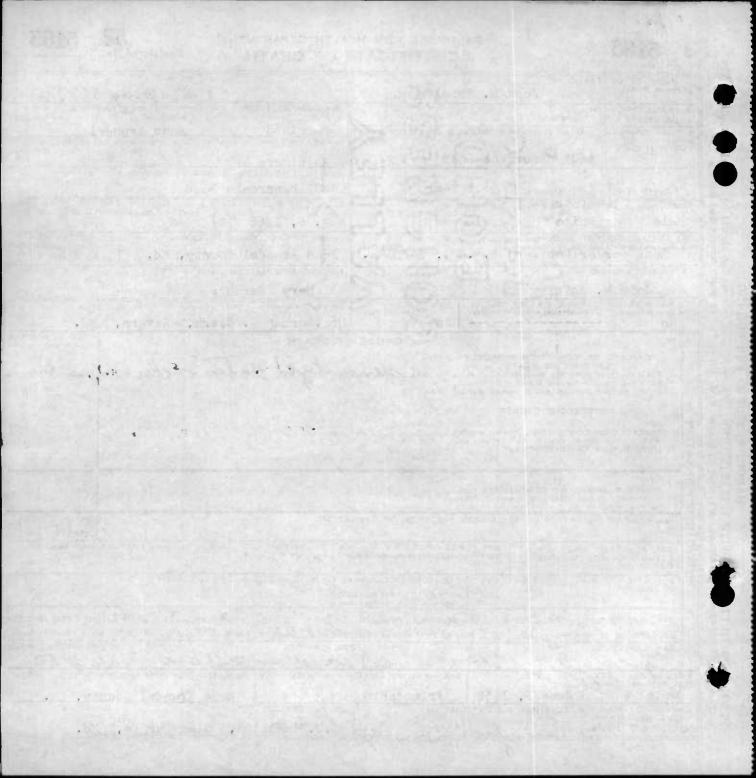
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BALTIMORE CITY HEALTH DEPARTMENT

52 Registered No. 5165

BIRTH NO.			CERTIFICATI			
1. NAME OF D (Type or Print)		n W. Sh	ipley		2. DATE OF DEATH TO	m 31/1952
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE	E (Where deceased lived, B. COUNTY	institution: residence before admission
B. FULL NAME HOSPITAL OR		tal or institution	on, give street address or location)	Maryland c. CITY OR TOWN	Anne Am (If outside corporate lin	nits, write RURAL and giv
INSTITUTION	4602 Manor	dene Ro	ad	Baltimore	28	-04 township
	tay in Baltimore		Year Yrs. Mos. Days	o. STREET ADDRESS 4602 Manorden		
5. SEX Male	6.COLOR OR RACE White	7. SINGLE WIDOW Wido	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 6, 1865	9. AGE (In years last birthday)	If Under 1 Year H Under 24 Hours Min
10A. USUAL OC ork done during most	CUPATION (Give kind of all working life, even if retired) orker (Retire C	10B. KIND	INDUSTRY	11. BIRTHPLACE (State Anne Arundel		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MAIDER		
	W. Shipley			Mary Kerc	her	
(Yes, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			None	Mrs.Norman W.	Clark, Sever	n. Md.
RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) /ING CONDITION L/	STATING TH				
TRIBUTING	II IGNIFICANT COND TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATE	0			
			FINDINGS OF OPER	ATION		20. AUTOPSY?
LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm,factory,street,nffice bldg.,		(If in Baltimore City	, give exact location)
210. TIME OF INJURY	(Month) (Day) (Year		HILE AT WORK NOT WHILE AT WORK		JURY OCCUR?	
22. I hereb	ar andifor Ab nd 7 nd	tended the	deceased from A	, 195-/, to	may 3/ , 19.	C) that I last over t
	y certify that I at		and that doath acom	raat Am., fro	m the causes and on	inat I tast saw i
deceased a	live on may 30	_, 19 5 \(\), (2	3B. ADDRESS		the date stated abov
deceased a	live on may 30	ga	re M.O. 2	38. ADDRESS /// // // // RY OR CREMATORY 24	ill are	23c. PATE SIGNED
deceased a	live on may 30	ga !	re M.O. 2	3B. ADDRESS //prallow // RY OR CREMATORY 24	ill are	the date stated above 23c. DATE SIGNED (State)



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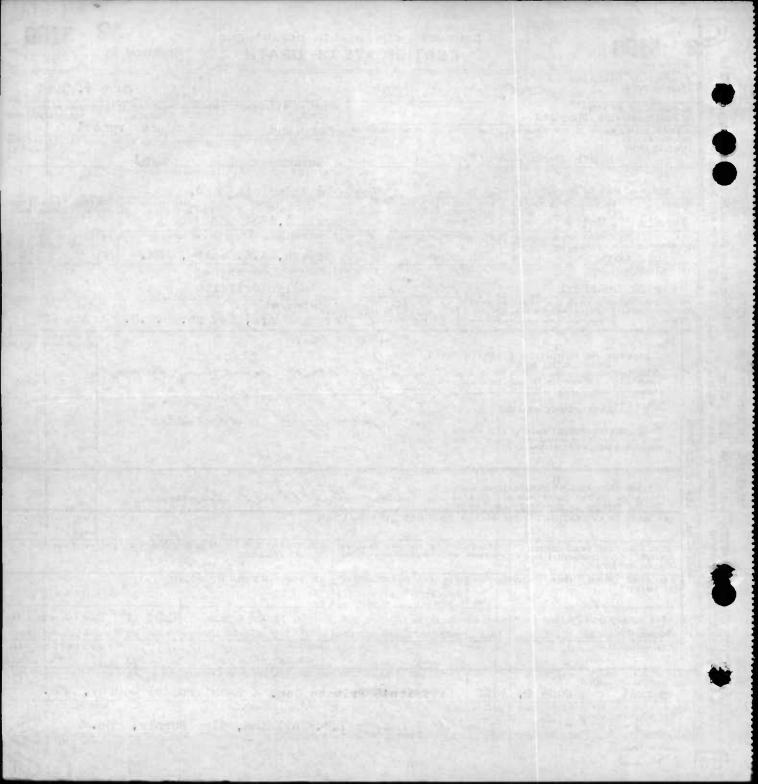
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2	516	6
BIR	TH NO.	

BALTIMORE CITY HEALTH DEPARTMENT

	20	5166
gistered	No	

р.	DTH NO			CERTIFICATI	E OF DEATH	Registered No.			
	1. NAME OF DECEASED 2, DATE								
	ype or Print)		HE VICT	TORIA MYERS		2. DATE OF June	1, 1952		
3.	PLACE OF D	EATH:			4. USUAL RESIDENCE (W.	here deceased lived. If ins			
		City, Maryland			A. STATE	B. COUNTY	before admission)		
		OF (If not in hospit	al or instituti	on, give street address or	Maryland	Anne Arun	Tep		
	SPITAL OR STITUTION			location)	c. CITY OR TOWN (If	outside corporate limits, w			
-11		South Balto.	Genil.	Hosp.	Como	Rural	township)		
-100		Double Baroot		Yrs.	D. STREET ADDRESS (If r				
				Mos.	D. STREET ADDRESS (III	urai, give location)	000		
C.	Length of s	tay in Baltimore	Few Hor		Old Annaplois Ros	ad.			
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Und	or I Year If Under 24 Hours		
Τ.	lama la	Modele		ED, DIVORCED (Specify)	April 1,1884	last birthday) Month	Bays Hours Min.		
	emale	White	Wide						
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	. CITIZEN OF WHAT COUNTRY?		
	House wo		Own 1		Severn, A.A.Cou	ntv. Md.	USA		
13	FATHER'S		01111	Homo	14. MOTHER'S MAIDEN NA				
	. CATHLER 5	TO ME							
	Frank G	riffith			Emily Griffi	th			
15	. WAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESS		
(Yes	, no or naknown)	(If you, give war or date	of service)	SECURITY NO.	Morgan Myers, Sev				
N	0			None	Horgan Hyers, Sev	Gril Narabell I	DOX 422		
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED ANTECEDENT CAUSES (B) Question (C) CO CO CO CO CO CO CO CO CO								
	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO		
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i srm, factory, street, office bldg.,		in Baltimore City, give			
2	21D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
			m.	WHILE AT NOT WHILE					
	22. I hereb	y certify that I att	ended the	deceased from fune	1 12:20 PM, 1952, to fee	1 6 PM, 1932,	hat I last saw the		
	deceased a	live on	_, 19		red at 6:00 Pm., from th	ie causes and on the	date stated above.		
,	23A. SIGNA	TURE Chig - 2	-1	an M.D. 2	South Belto	Sen. Hap.	1-1-52		
24	A. BURIAL				RY OR CREMATORY 24b. LC	CATION (City town, or	county) (State)		
TIC	N. REMOVAL (S Burial	June 2	1952	Griffith'S Pr		Arundel Count			
	ATE RECEIVE		S SIGNATU		25. FUNERAL DIRECTOR	A	DDRESS		
Lo	JUN Z	1952 + tuntin	tout	/History Mar	T.W.Sangleton. Gl	en Burnie, Mo	1.		



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ADDRESS

before admission)

12. CITIZEN OF

WHAT COUNTRY

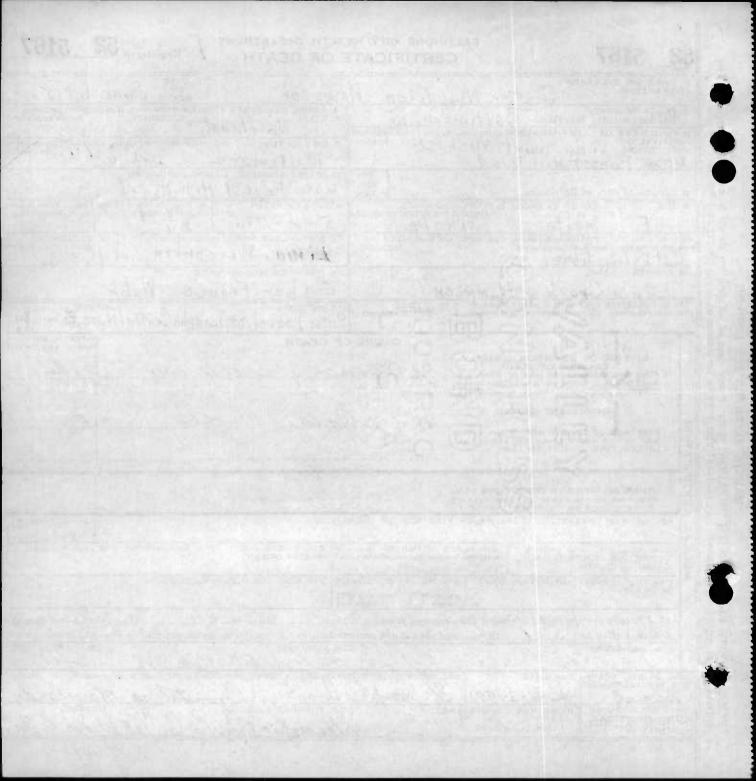
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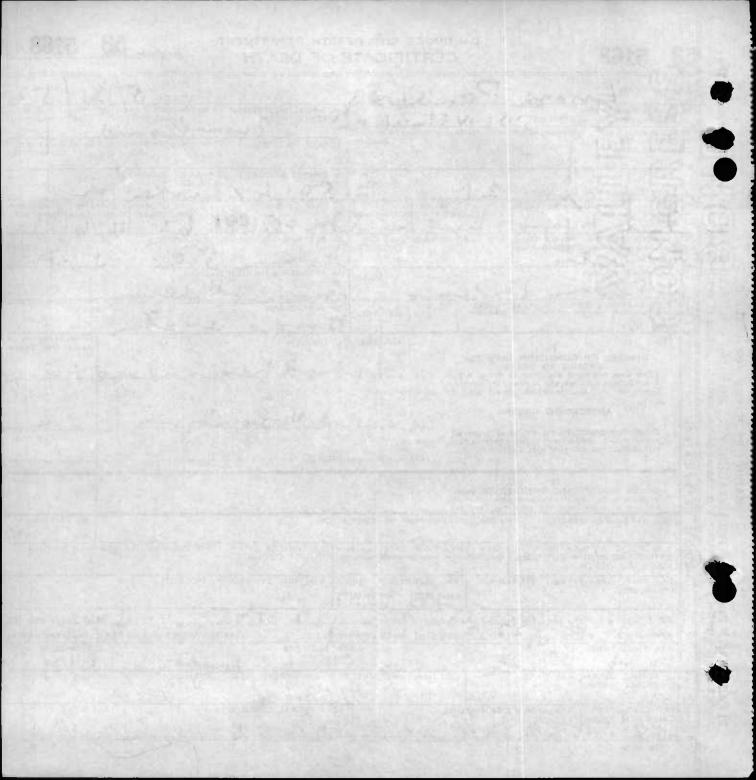
20. AUTOPSY

23c. DATE SIGNED

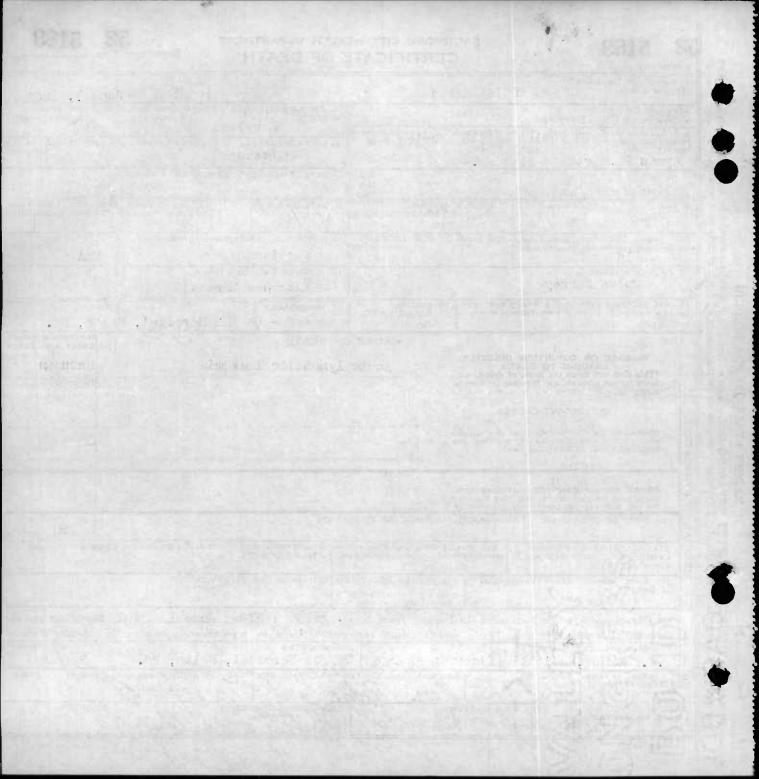
YES



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The	52 5168	CERTIFICATE OF DEATH	Registered 72 5168
•	1. NAME OF DECEASED (Type or Print)	Perkins	2. DATE OF DEATH 5/31/52
ilqq	a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital	or institution, give street address or	There deceased lived If institution: residence before admission)
E S	HOSPITAL OR INSTITUTION	location) C. CITY OR TOWN (If	outsic corporate limits, write RURAL, and give township
callegibn	c. Length of stay in Baltimore	Yrs. O. STREET ADDRESS (If	rural, give location)
should be	5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min.
	10A. USUAL OCCUPATION (Exchind of work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	reign country) 12. CITIZEN OF WHAT COUNTRY
atic	13. FATHER'S NAME	14. MOTHER'S MAIDEN N	ME OR
inform	15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
item of item o	18. 422 J	CAUSE OF DEATH	INTERVAL BETWEEN ONSET ANO OEATH
±4	LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., the disease,	mlego 4 lmp
	injury or complication which cau		
INK.	DISEASES OR CONDITIONS, IF A	TATING THE OUE TO	many say
UNFADING Physicians:	FICA	(c)	
UNFA	OTHER SIGNIFICANT CONDITI	T RELATED	
WITH I		MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ortz	I ZIA. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g., in or 21C. WHERE DID (I shout home, form, factory, street, office bldg., etc.) INJURY OCCUR?	f in Baltimore City, give exact location)
The state of the s	21D. TIME (Month) (Day) (Year) (I OF INJURY	Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY MHILE AT NOT WHILE WORK AT WORK AT WORK MORK MORK	OCCUR?
TE PL especia	22. I hereby certify that I atter		he caus's and on the date stated above
WRITE is est	23A. SIGNATURE	M. D. 23B. ADDRESS	To 6 2 1
AS act ac	24A BURIAL CREMA-24B. DATE TION REMOVAL (Specify)	152 Whites New Tark	OCATION (City, town, or count) (State)
PLEAS	DATE RECEIVED BY REGISTRAN'S LOCAL REGISTRAN'S	SIGNATURE 25. FUNERAL DIRECTOR	model 1463/ Care
	VS 150	72084	, II St



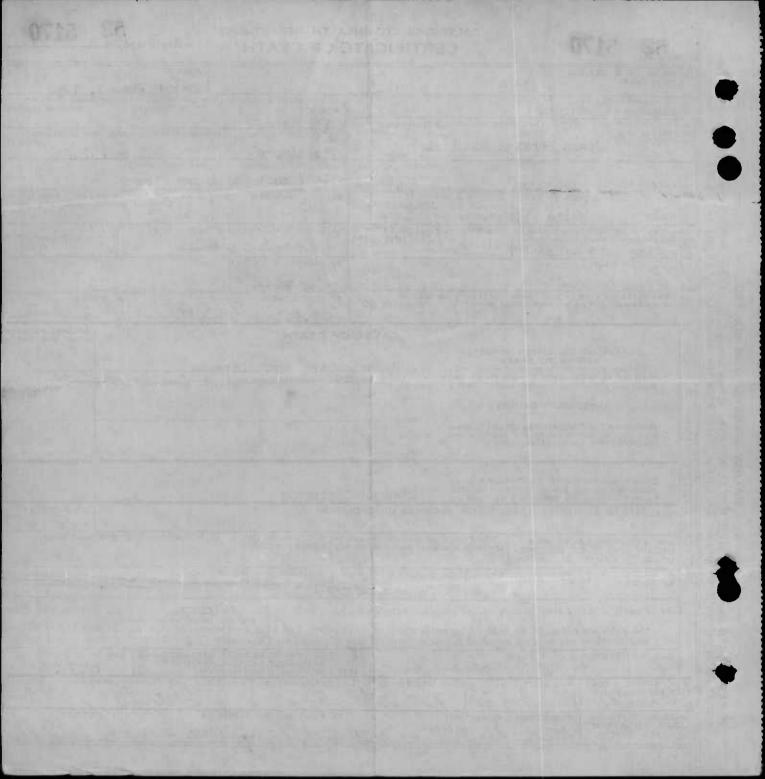
The	5%	516 RTH NO. 4	98-08150				ALTH DEPARTMENT E OF DEATH	X Registered	52 5 No5	5169
F	1.	I. NAME OF DECEASED (Type or Print) JAMES LOUIS PERREY						2. DATE OF	June 1	3050
pplid	А. В. НО	S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF US Fubile Health Service street address of HOSPITAL OR US Public Health Service location)				dress or	4. USUAL RESIDENCE (WA. STATE Maryland	B. COUNTY	If institution be aru	efore admission)
h biy.		Wyman Pk. Drive & 31st St. Yrs.					Jessup			township)
e ca legi	c.	Length of s	tay in Baltimore	?		Mos. Days			0200	
ld be and	5.	SEX M	6. COLOR OR RACE	MIDON	E. MARRIED. VED, DIVORCED 1gle	(Specify)	8. DATE OF BIRTH 4/11/48	9. AGE (In years last birthday)	If Under 1 Year Months: Day	
	10 worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS	OR USTRY	11. BIRTHPLACE (State or for Maryland	reign country)		IZEN OF AT COUNTRY?
G matic eath	13	Jules Perrey					14. MOTHER'S MAIDEN NA Florence Mar			
BINDIN of infor	15 (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No					17. INFORMANT ADDRESS Records - US PHS Hospital, Balto, Md.			
FOR ry item		(This does heart failu	GE OR CONDITION I LEADING TO DEAT not mean the mode or, e, asthenia, etc. It mean complication which complication which complic	'H f dying, e. g ns the diseas aused death	S-, (A)A		of DEATH lymphatic leukem	ia	ONS	RVAL BETWEEN ET AND DEATH
MARGIN RESERVED UNFADING INK, Ever Physicians: please write	LIFICATION	RISE TO T	OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LAS	ANY, GIVIN						
MA UNF Physi	CERTI	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT I	NOT RELATE	±D					
It.	AL	19A. DATE C	F OPERATION I	9B. MAJOR	FINDINGS OF	OPER	ATION		20 YE	AUTOPSYY
WITH portant.	EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY farm, factory, street, off			f in Baltimore City	, give exac	t location)
The state of the s	X	21D. TIME OF INJURY	(Month) (Day) (Year)			COURRI T WHILE	21F. HOW DID INJURY	OCCUR?		
WRITES PL.		deceased a	live on June 1	ended the	deceased from and that death	n Mar	red at 5:05P m., from the 3B. ADDRESS JS PHS Hospital, F	he causes and on	the date	l last saw the stated above. DATE SIGNED /2/52
PLEAS correct as	TU-	AA. BURIAL.	GREMA: 248. DATE Trecify) Juine. 4	2-57	Mandory		RY OR CREMATORY 240. L	rsey - Ma	ADDRE	y) (State)
		VS 150	ð				Land.	md.		



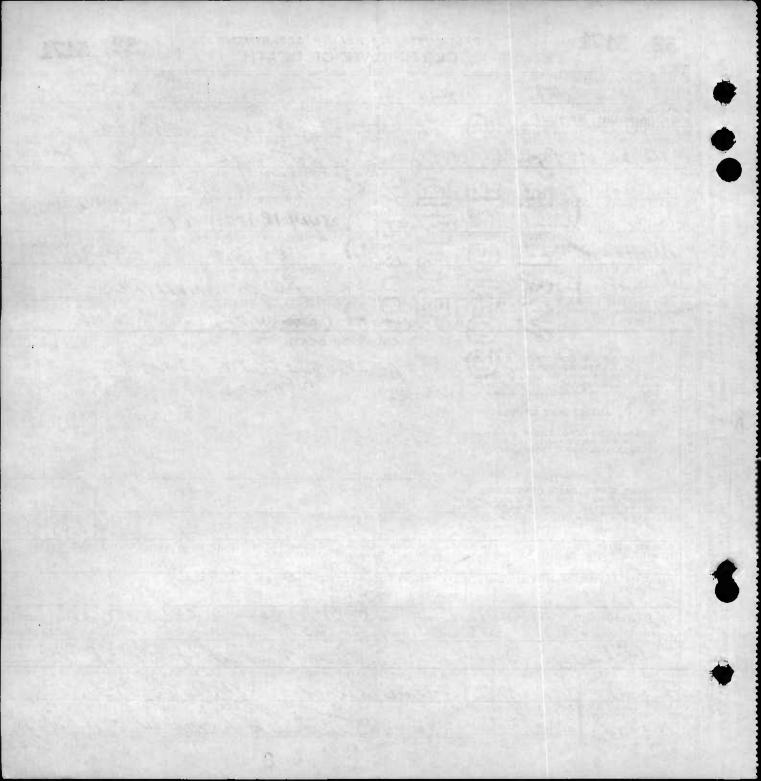
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	WITH	age is especially important.
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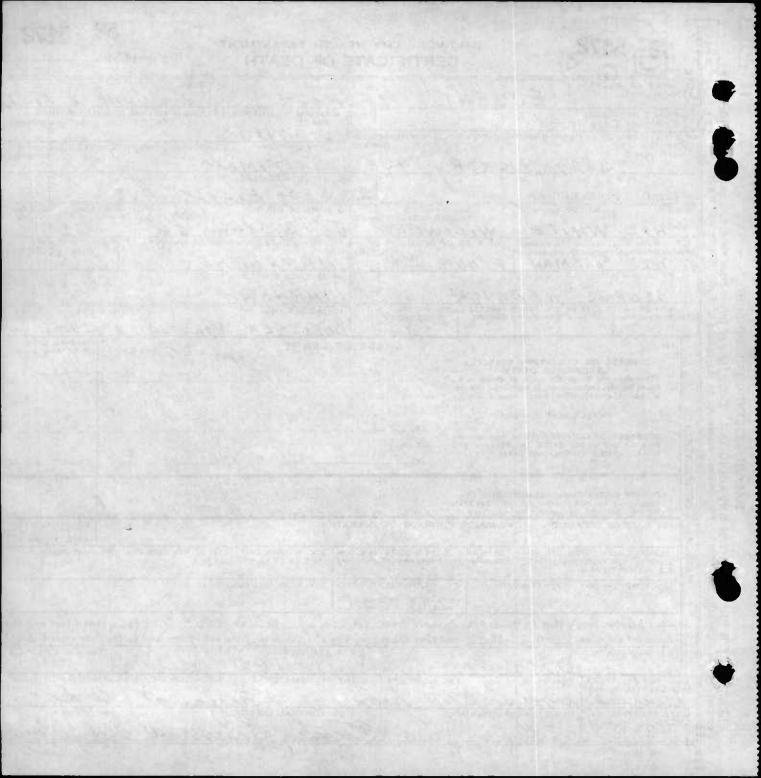
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5170 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF JACOB MILLER DEATH June 2 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) (If outside corporate limits, write RURAL and give HOSPITAL OR C. CITY OR TOWN INSTITUTION Johns Hopkins Hospital Baltimore YES. D. STREET ADDRESS (If rural, give location) Mos. 1627 East Baltimore Street c. Length of stay in Baltimore Davs 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) If Under 24 Hours Male White 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? wor 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive Heart Disease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Diabetes Mellitus TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION U 20. AUTOPSYT 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT WORK thereon and from 22. I certify that I took charge of the remains described above, held an _ autopsy Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses 🖹, accident 🗌, suicide 🗋, homicide 🗀, undetermined 🗀. X | 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24. BURIAL, CREMA-TION REMOVAL (Specify) 240. LOCATION (City, town, or county) (State) ADORESS DATE RECEIVED BY LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF HALK ERNEST DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION N Yrs. (If rural, give location) Mos. 37 c. Length of stay in Baltimore information should be 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years) If Under 1 Year If Under 24 Bours iliday) Months: Days Hours! Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER NELLINGS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or npknown) SECURITY NO SAME causes 3-30-7030 NTERVAL BETWEEN CAUSE OF DEATH 18. 420,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the PTERIOSCLEROTIC HEART LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: UNDERLYING CONDITION LAST. 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT. SUICIDE, Ö about home, farm, factory, atreet, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? MEI 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1952 10 22. I hereby certify that I attended the deceased from 5-___ 1952 that I last saw the RITE 1952 and that death occurred at S Pm., from the causes and on the date stated above. deceased alive on 6-1 23A. SIGNATURE 23c. DATE SIGNED CEMETERY OR CREMATORY LOCATION (City, town, or county) 24c, NAME OF PLEAS ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

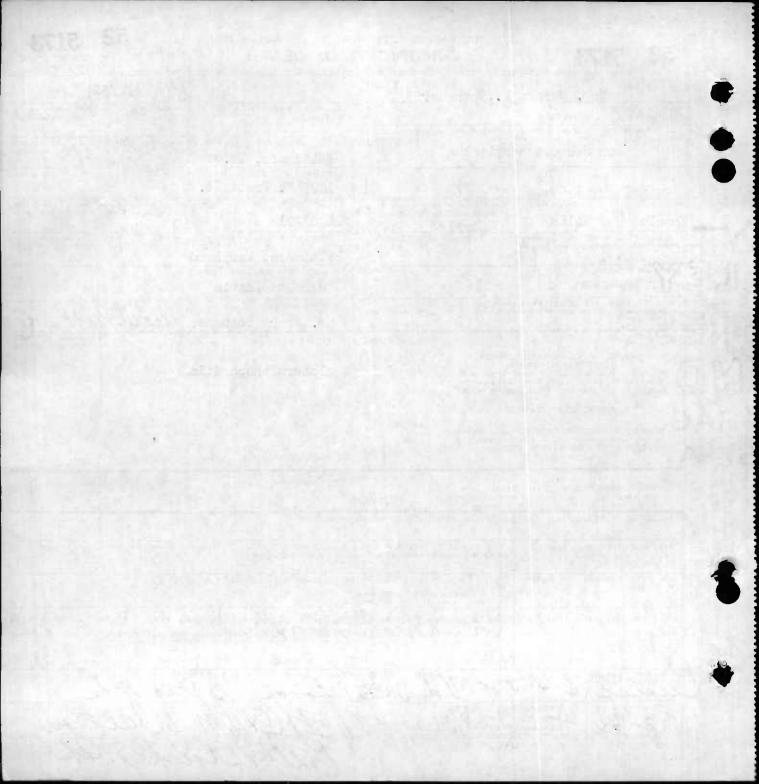


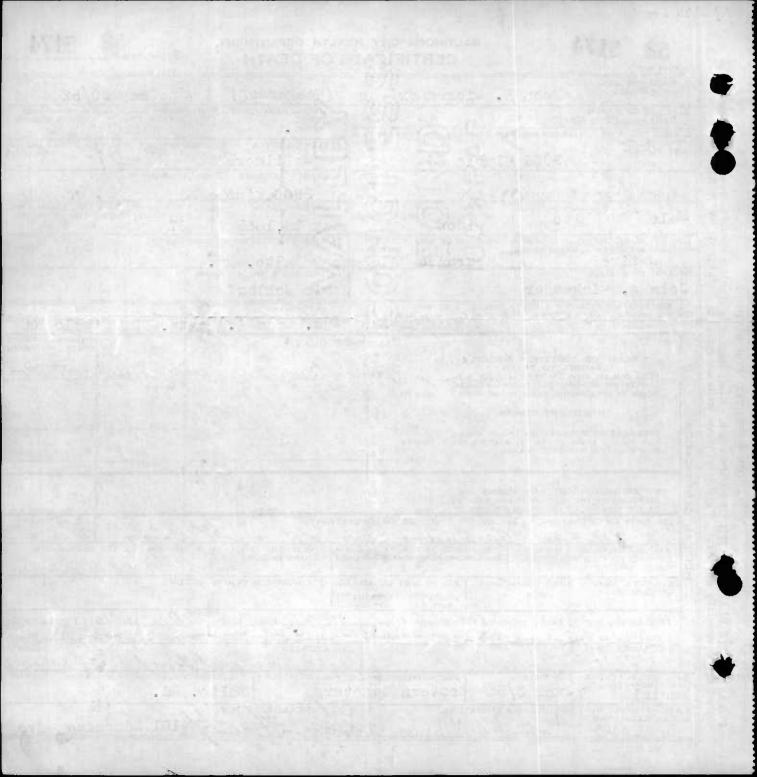
he	3 BI	52 5172 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	5172
•	1.	NAME OF DECEASED EUGENE HEDRICK 2. DATE OF DEATH JUNE	2 1952
e car legibly.	A. B. HC IN	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF DESPITAL OR ISTITUTION STATE A. USUAL RESIDENCE (Where deceased lived, If institution, STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate limits, write DALTIMORE D. STREET ADDRESS (If rural, give location) Length of stay in Baltimore A. USUAL RESIDENCE (Where deceased lived, If institution, STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate limits, write DALTIMORE D. STREET ADDRESS (If rural, give location) 3804 HICKORY AVE D. STREET ADDRESS (If rural, give location) 3804 HICKORY AVE	RURAL and give township)
NG rmation should be death clearly and l	1000	Hone during most of working life, even life tired) FIRED FOREMAN PEHNA R.R. MARYLAND 14. MOTHER'S MAIDEN NAME	If Under 24 Hours and Hours Min. TIZEN OF HAT COUNTRY?
Din	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) DOROTHEA WISE - 1211 LAKE	10
RESERVED FOR INK. Every item please write the car	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ERVAL BETWEEN SET AND DEATH
MARGIN UNFADING Physicians:	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
WITH ortant.	EDICAL	21A. ACCIOENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DIO (If in Baltimore City, give exelying OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	o. AUTOPSY? ES NO Let location)
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age is	24 TIC	deccased alive on Mong 1, 19 57, and that death occurred at 100 Am., from the causes and on the date 23A. SIGNATURE 23A. SIGNATURE Company C	DATE SIGNED (State)
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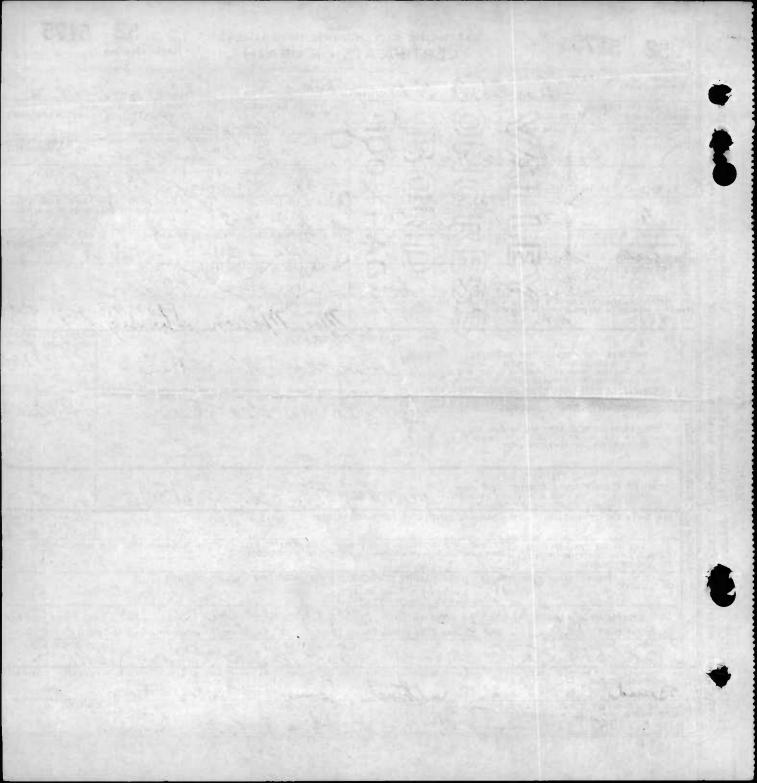
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PLEAS W	correct

a. PLACE OF DEA A. Baltimore Cit B. FULL NAME OF HOSPITAL OR INSTITUTION BOI c. Length of sta	EASED Mrs. Martha 1 TH: y, Maryland	or institution, give street address o	4. USUAL RESIDENCE (\)	2. DATE OF DEATH 6/2/	['] 52
s. PLACE OF DEA A. Baltimore Cit B. FULL NAME OF HOSPITAL OR INSTITUTION BOI c. Length of stay 5. SEX 6.	TH: y, Maryland (If not in hospital	or institution, give street address o	A. STATE	DEATH '	
c. Length of star		location		B. COUNTY	nstitution : residence before admission)
5. SEX 6.		spital		outside corporate limits,	write RURAL and give township)
		Yrs. Mos. Days	1805 W. Pratt		
	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH		inder i Year ths Days Hours Min.
HOUSEWIF	orking life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	Baltimore, Mary		12. CITIZEN OF WHAT COUNTRY
John Thomp	pson		Janelda Little	AME	
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARMED F (If yes, give war or dates o	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Frank Totz	auer /Sos W.	PRAH St.
Z DISEASES O RISE TO THE UNDERLYIN	mplication which cau ITECEDENT CAUSE: OR CONDITIONS, IF A ABOVE CAUSE (A) S' G CONDITION LAST	(B)			
TO THE DISE	O THE DEATH, BUT NO ASE OR CONDITION CO OPERATION 198				20. AUTOPSY?
LYING OR C	ATH	21B. PLACE OF INJURY (e. g., obout home, farm, factory, street, office bldg.	in or 21C. WHERE DID (.etc.) INJURY OCCUR?	of in Baltimore City, given	YES NO Ve exact location)
OF INJURY	onth) (Day) (Year) (I	Mour) 21E. INJURY OCCURE M. WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
deceased alive	e on fune 2. RE CLID USA CHAPTER 248. DATE 1997 6-4-5	24c NAME OF CEMETE SIGNATURE	rred at 1 pm., from t 238. ADDRESS Don Secous H	he causes and on the lary toll	e date stated above 23c. DATE SIGNED 6-2-1952



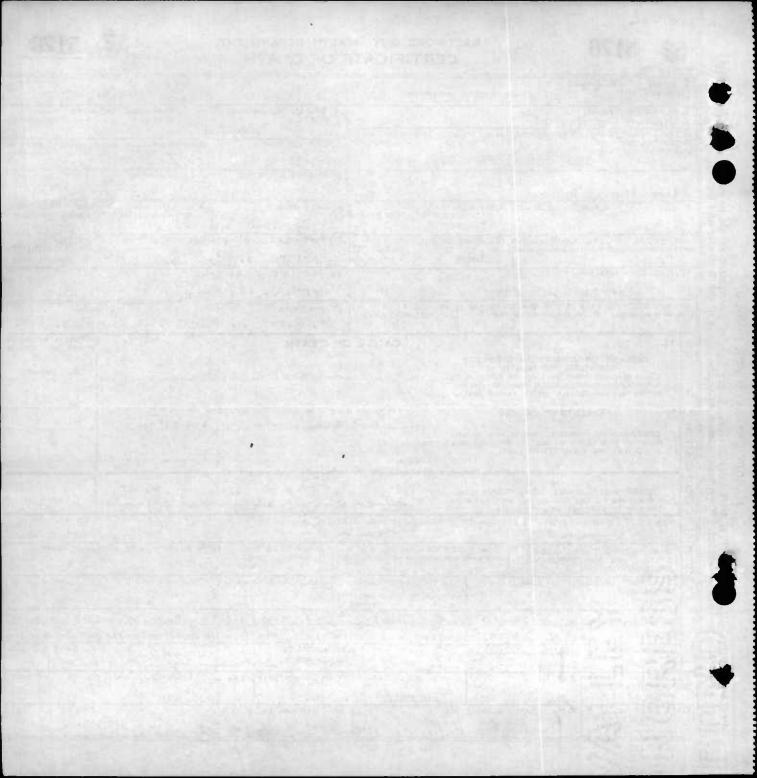


52 5175 BIRTH NO.		HEALTH DEPARTMENT TE OF DEATH	52 Registered No	5175
1. NAME OF DECEASED (Type or Print)	les W. Stron	nberg	OF DEATH	1-1952
A. Baltimore City, Maryland		A. STATE	here deceased lived, If in	stitution : residence before admiss
B. FULL NAME OF (If not in hos) HOSPITAL OR INSTITUTION	oital or institution, give street address location of the Hushitus		outside corporate limits.	write RURAL and
c. Length of stay in Baltimore	Yr: Mo Da	338. Man	rural, give location)	Rd.
5. SEX 6. COLOR OR RAC		8. DATE OF BIRTH	AGE (in years lill last birthday) Mont	tha Days Hours
10A. USUAL OCCUPATION (Give kind work down during most of working life, even if retire and the start of the s	of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF WHAT COUN
13. FATHER'S NAME	t Stamberg	Bridget	MeMele	20.00
15. WAS DECEASED EVER IN U. S. ARM (Yes, no or unknown) (If yes, give war or d. YES W. W.	ten of service) SECURITY NO	17. INFORMANT Mrs. Marion	Stormber	PRESENTE (
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m lnjury or complication which	ATH of dying, e.g., (A)	mary The	utrico	INTERVAL BETV
ANTECEDENT CA	IF ANY, GIVING A) STATING THE DUE TO	lio VazCulus	lleuce	1 Minu
OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED	y Thrombres	6/30/57	6/20/
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OP	ERATION		YES NO
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH		g, in or 21c. WHERE DID (1s, etc.) INJURY OCCUR?	in Baltimore City, give	e exact location)
21b. TIME (Month) (Day) (Yes	m. WHILE AT NOT WHILE AT WORK AT WOR	LE	OCCUR?	
22. I hereby certify that I a deceased alive on MOG 3			nc causes and on the	
234 SURIAL, CREMA- 236. DATE	MUSON M.D.	3432 Mulu'C	CATION (City, town, o	23c. DATE SIG
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- 1	RTH NO.	76	CERTIFICA	HEALTH DEPARTMENT 52 5176 ATE OF DEATH Registered No.
	NAME OF DI		EARNEY WRIGHT	2. DATE OF DEATH May 31, 1952
	PLACE OF DI		Alternat Marc 2127	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE Md B. COUNTY before admiss
В.	FULL NAME		al or institution, give street addre	ss or
IN	SPITAL OR	7007 Famor	t Park Ave.	towns
DH	U	3907 Fores		Baltimore p. STREET ADDRESS (If rural, give location)
C.	Length of st	ay in Baltimore		los. ays 3907 Forest Park Ave.
	SEX F	6. COLOR OR RACE	7. SINGLE. MARRIED. WIDOWED, DIVORCED (Sp Widowed	1 8. DATE OF BIRTH 1 9. AGE (In years) If Under I Year If Under 24
10 work	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND OF BUSINESS O	
	Home		Home	Harford Co. Md. USA
13	FATHER'S N			14. MOTHER'S MAIDEN NAME
15		rick V. Kear		Sarah J. ? Donohoe
(Ye	No	(If yes, give war or date	s of service) SECURITY N	o. Mr. Howard H. Wright 4106 Groveland Ave
RTIFICATION	DISEASES RISE TO TI UNDERLY OTHER S	OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA	F ANY, GIVING STATING THE DUE TO ST. (C)	o lates le 311
CE	TO THE DI	SEASE OR CONDITION	CAUSING IT.	PERATION 20. AUTOPS
AL	ISA. DATE O	- OPERATION O	SB. MAJOR FINDINGS OF	YES NO
DIC		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (about home, farm, factory, street, office	
ш			(Hour) 21E, INJURY OCC	URRED 21F, HOW DID INJURY OCCUR?
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ш	OF INJURY	y certify that I at ive on No.	tended the deceased from the death of the deceased from the death of t	ccurred at 6:55 frm., from the causes and on the date stated ab
ME	OF INJURY 22. I hereby deeeased al	y certify that I at ive on 1000	tended the deceased from the part of the deceased from the part of the deceased from the part of the p	ccurred at 6:55 ftm., from the causes and on the date stated ab 23B. ADDRESS 23C. BATE SIGN 24C. LOCATION (City, town, or county) (Statement of the county)



ADDRESS

Registered No. 4. USUAL RESIDENCE (Where deccased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) 9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY SA.

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY NO

(If in Baltimore City, give exact location)

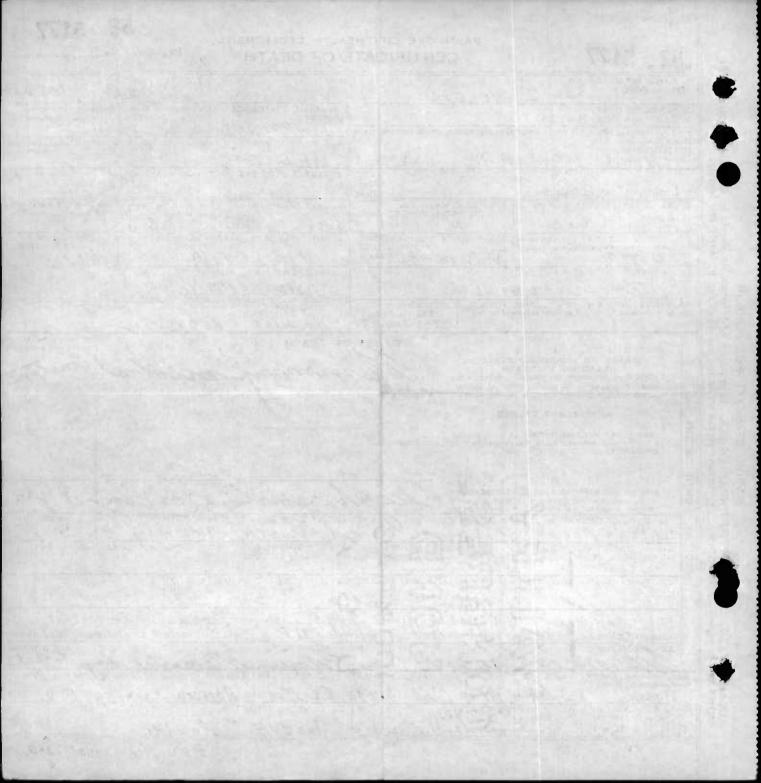
, 1912, that I last saw the m., from the causes and on the date stated above.

23c. DATE SIGNED

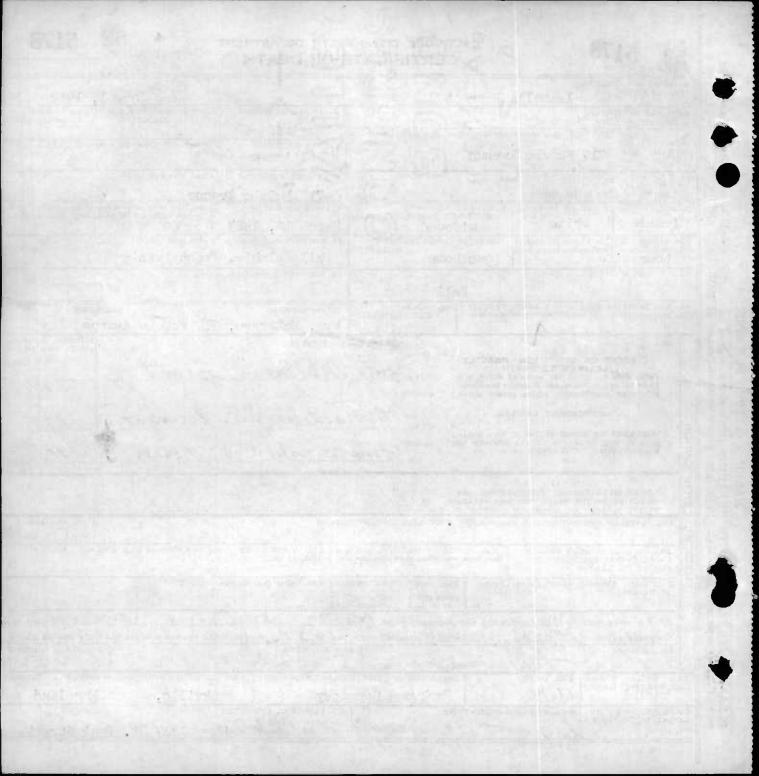
245. LOCATION (City, town, or hunty)

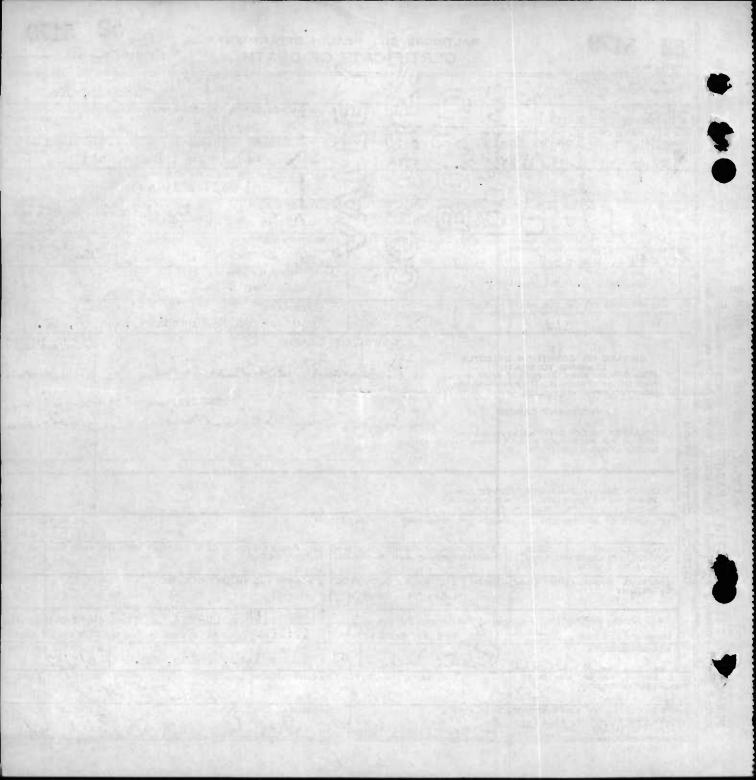
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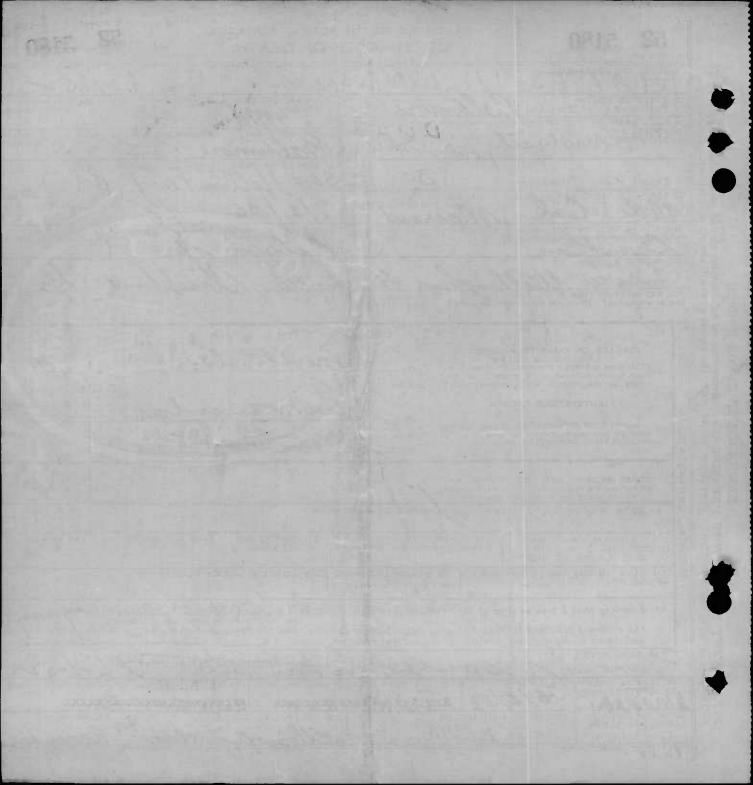
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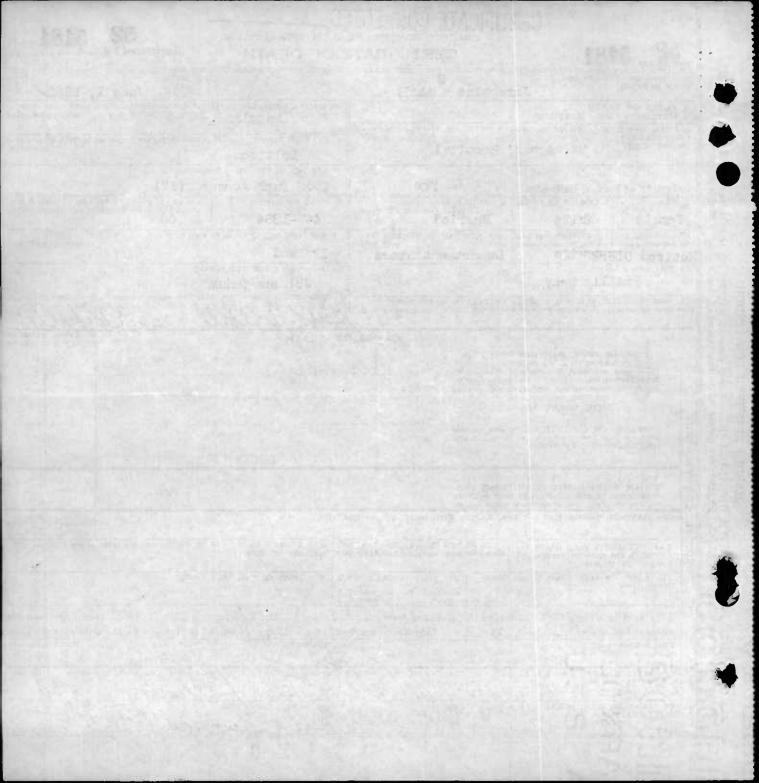
vs 150 tuntington Williams, M. Cook, Russ., 1217 St. P	DATE RECEIVED BY REGISTRANS SIGNATURE 25. FUNERAL DIRECTOR	and Tolowan and M.D. 3111 Your May	deceased alive on May 3/1952, and that death occurred at 5/. m., from the causes and on the	OF INJURY WHILE AT NOT WHILE	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR?	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	UNDERLYING CONDITION LAST. UNDERLYING CONDITION SCONTRIBUTING TO THE DEED TO	ANTECEDENT CAUSES ANTECEDENT CAUSES ANTECEDENT CAUSES ANYOCAVAITES & Endocordufis (B) ANYOCAVAITES & Endocordufis	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Mrs. McFarren, 717 McCabe Ave	Bell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDITIONAL 18. ADDITIONAL 19. ADDITIONA	Tr.s. Mos. Days C. Length of stay in Baltimore C. Length of stay in Baltimore C. Length of stay in Baltimore S. SEX G. COLOR OR RACE Wildowed To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof Novekidone during most of working life, even if retired) To a. USUAL OCCUPATION (Givekindof No	5. SEX female white widowed Widowed Widowed March 14, 1883 69	Yrs. C. Length of stay in Baltimore Yrs. Mos. Days 717 McCabe Avenue	HOSPITAL OR INSTITUTION 717 McCabe Avenue location C. CITY OR TOWN Baltimore C. CITY OR TOWN Baltimore	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland) 4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY Maryland)	1. NAME OF DECEASED (Type or Print) Isabella Bennett 2. DATE OF DEATH June	BALTIMORE CITY HEALTH DEPARTMENT 52 SERVICE OF DEATH Registered No.	B-530
aul Street	Maryland ADDRESS	G/2/5V r county) (State)	that I last saw the date stated above. 23c. DATE SIGNED		- Chaco rocation)	20. AUTOPSY? YES NO		140.	ONSET AND DEATH		DRESS	2. CITIZEN OF WHAT COUNTRY?	tha Days Hours Min.		write RURAL and give township)		1. 1952	5178	







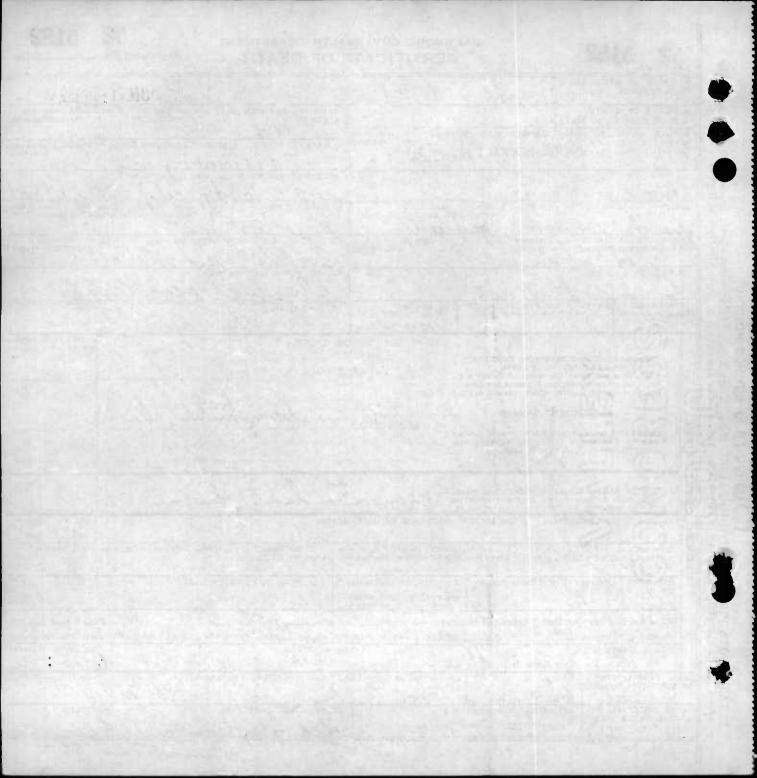
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The	52 5181		CERTIFICATI	E OF DEATH	Registered No.	OTOT
# *	1. NAME OF DECEASE (Type or Print)	Josephine	M Abell		OF June 1	1, 1952
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ully.	HOSPITAL OR	t. Agnes' Hospi	tal			
e cullegibly.	c. Length of stay in	Dardinore	oo yrs Yrs. Mos. Days	2002 Park Avenu		
uld be	and the second s	ite 7. SINGLE WIDOW Marr	E, MARRIED, /ED, DIVORCED (Specify) 100	4-3-1884	9. AGE (in years Um last birthday) Month	der I Yuar H Under 24 Hours hs: Days Hours Min.
VDING information should be of death clearly and	10A. USUAL OCCUPAT ork done during most of working letired (1046ew 13. FATHER'S NAME	ife Depart	of Business or INDUSTRY tment Store	ITeland I. BIRTHPLACE (State or for Ireland I.4. MOTHER'S MAIDEN NA	AME	2. CITIZEN OF WHAT COUNTRY
BINDING of informasses of dea	Phillip 15. WAS DECEASED EVER Yes, no or unknown) (If yes		16. SOCIAL SECURITY NO.	Johanna Rohn		RESS/ Col
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ality in	210. TIME (Month) OF INJURY		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
WRITE PI	deceased alive on 23A. SIGNATURE	SPM, 1952	and that death occur	red at 7: Am., from to 38. ADDRESS	he causes and on the	23c. DATE SIGNED
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9. AGE (In Cars It Under I Year It Under 24 Hours last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 1952that I last saw the 23c. DATE SIGNED ADDRESS

before admission)



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11		EALTH DEPARTMENT 52 5183
0		E OF DEATH Registered No.
Th.		
ed	(Type or Print) Mrs. Margaret Virginia Ry	DUATE
id	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
-	1309 Appleby Avenue	C. CITY OR TOWN (If outside eorporate limits, write RURAL and give Baltimore 27-/
Ald	Yrs.	D. STREET ADDRESS (If rural, give location)
legi	c. Length of stay in Baltimore 55 years Mos.	1309 Appleby Avenue
uld be car	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) White Married	B. DATE OF BIRTH Dec. 26, 1889 9. AGE (In years if Under I Year Months Days Hours Min. 62
rmation should death clearly a	10A. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) At Home	11. BIRTHPLACE (State or foreign country) Washington, D. C. 12. CITIZEN OF WHAT COUNTRY?
th c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dea	John A. Merriman	Adelaide Childs
info s of	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY	Othe A. Ryan 1309 Appleby Avenue
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UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	eleveris & Stypertension
HH	. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
Srte	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
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TE PLA especially		
RITE is esp	deecased alive on 1962, 1952 and that death poeu	rred at 12 19 m., from the eauses and on the date stated above.
RI si	23h. SIGNATURE Jam & Stelbrike. D.	238 ADDRESS Pland ON - 1230. DATE SIGNED
age	24a. BURIAL, CREMA 24B. DATE 249. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASE correct a	Burial June 4, 1952 Woodlawn	Baltimore Co., Maryland
PLEASE correct ag	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	JIN 3- 1956 Turtington Williams Mr.	Burgee Funeral Home 3631 Falls Road
	Vs 150	Horace T. Durgee

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В	52 - 5	5184		TIMORE CITY HE	E OF DEATH	NT Registered	52 5184
11.	NAME OF D Type or Print)	eceased Sarah	Taylo	r		2. DATE OF DEATH 5-	30-52
A.		City, Maryland	9 : 4:4 4:		4. USUAL RESIDENCE A. STATE Marvland	(Where deceased lived,) B. COUNTY	f institution : residence before admission)
H	FULL NAME OSPITAL OR NSTITUTION	1713Pierce		on, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate lim	its, write RURAL and give township)
n - II==		tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS		
an	. sex मृ	6.COLOR OR RACE	WIDOW	E, MARRIED, ED, DIVORCED (Specify) OWED	2-25-83	9. AGE (In years last birthday)	
clearly	10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY			Maryland OF		12. CITIZEN OF WHAT COUNTRY?	
s of death cle	13. FATHER'S NAME Samuel Green				14. MOTHER'S MAIDER	Gardner	
Jo ses of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.			17. INFORMANT Cora Green		ce St.	
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please v	DISEASES RISE TO T UNDERLY	ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA	ANY, GIVIN		Hyperleu	DION	
nysicians:	OTHER S	II IGNIFICANT CONDI TO THE OEATH, BUT					

TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

20, AUTOPSY?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

WHILE AT NOT WHILE

AT WORK

24c. NAME OF CEMETERY OR CREMATORY

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from deceased alive on May 30, 191 and that death occurred at 2 Pm., from the causes and on the date stated above.

238. ADDRESS

May 30, 195 7 that I last saw the 23c. DATE SIGNED

24A BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify) Burial

Mt. Auburn

24D. LOCATION (City, town, or county) Baltimore, Maryland

DATE RECEIVED BY

23A SIGNATURE

REGISTRAN 6 SHENATL

WORK

25. FUNERAL DIRECTOR ADDRESS

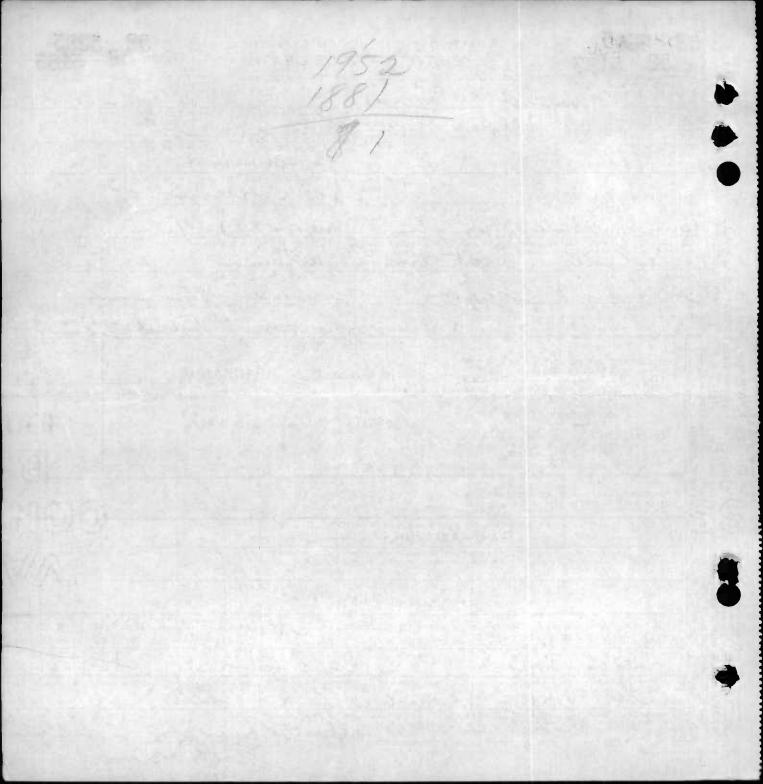
Charles R. Law 802 Madison Ave.

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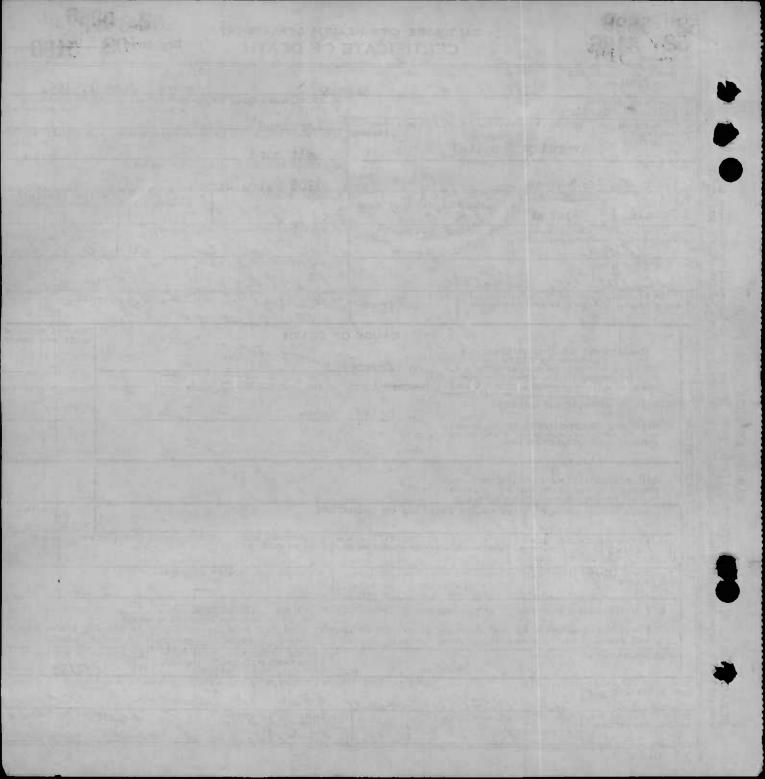
15allinos 19.	write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give location)	1
Days La V. Allent	
	Under 1 Year If Under 24 Hours nths Days Hours Min.
10B. KIND OF BUSINESS OR (11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME	И.ч.
regoy annie & Cham	el
FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 112 - 01 - 116 MM. Fariell Securit	DDRESS D.
CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Holiging, e.g., (A) Metastotic Molignoncy	6 Months
dying, e.g., (A) sthe disease, used death.) DUE TO	
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T. (C)	
OT RELATED CAUSING 1T.	
B. MAJOR FINDINGS OF OPERATION A COCINEMA OF Stomen	YES NO
OT RELATED CAUSING IT. B. MAJOR FINDINGS OF OPERATION	YES NO
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AND RELATED B. MAJOR FINDINGS OF OPERATION A thocag cinema of Struct 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 199, to 199, to 199, to 199, and that death occurred at 119, m., from the causes and on the 23B. ADDRESS	ve exact location) that I last saw the e date stated above.
AND RELATED CAUSING IT. B. MAJOR FINDINGS OF OPERATION PA eno agriffied of Structh 21B. PLACE OF INJURY (a. g., in or about home, farm, factory, etreet, office bidg., etc.) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 31 35 36 37 37 37 37 37 37 37	ve exact location) that I last saw the e date stated above.
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AND RELATED CAUSING IT. B. MAJOR FINDINGS OF OPERATION PA eno agriffied of Structh 21B. PLACE OF INJURY (a. g., in or about home, farm, factory, etreet, office bidg., etc.) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 31 35 36 37 37 37 37 37 37 37	20. AUTOPSY? YES NO X ive exact location) 2, that I last saw the e date stated above. 23c. DATE SIGNED 6-2-52 or county) (State)
AND RELATED B. MAJOR FINDINGS OF OPERATION A thoragon of the property of the	ve exact location) that I last saw the e date stated above. 23c. DATE SIGNED (State)

before admission)



PLEASH 'RITE PLAN WITH UNFADING INK. Every item of information should be called correct age is especially important. Physicians: please write the causes of death clearly and legibly.		113	
PLEAST TRITE PLACE WITH U correct age is especially important. Pl	MARGIN RESERVED FOR BINDING	NFADING INK. Every item of information should be care	hysicians: please write the causes of death clearly and legibly.
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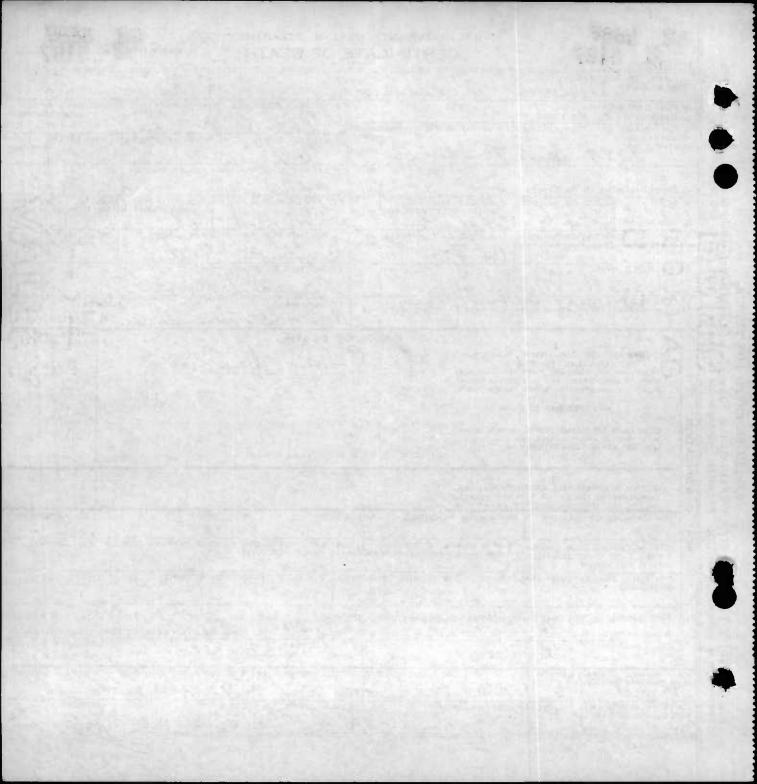
15	5286) B	ALTIMORE CITY HEA	ALTH DEPARTMENT	52	1286
В	IRTH NO. 51-0, 52, 122	CERTIFICATE	OF DEATH	Registered	5186
1 (1	NAME OF DECEASED Type or Print) BETTY	HARI	o Te	OF DEATH June	1 1952
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		
H	FULL NAME OF (If not in hospital or instinct of NSTITUTION University Hospital or instinction university Hospital university Hospital or instinction university Hospital or instinction university Hospital university H	tution, give street address or location)	•	outside corporate limits,	write RURAL and give township)
	011110203 110002	Yrs. Mos.	Baltimore D. STREET ADDRESS (If	rural, give location)	- 0.1
	Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SING Female Colored	Days Days Days Days Days De, MARRIED.	1708 Cairo Str B. DATE OF BIRTH	9. AGE (in years) HU	nder I Year H Under 24 Hours ths: Days Hours Min.
1 wo	OA. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired)	ND F BUSINESS OR INDUSTRY	Dattimer		WHAT COUNTRY
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(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES ce, no or unknown) (If yes, give wer or dates of service)	? 16. SOCIAL SECURITY NO.	1708 Cal	Trans	RESS
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	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disinjury or complication which caused de	e.g., (A) Pneumon	nia	**;************************************	
	ANTECEDENT CAUSES	(B) Otitis	Media		
ATION	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	IVING			
RTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	ATED			
CE		OR FINDINGS OF OPERA	TION		20. AUTOPSY?
DICAL	UNDERLYING OF CONTRIB-	PLACE OF INJURY (e. g., In me, farm, factory, street, office bldg., et		f in Baltimore City, gi	YES X NO ve exact location)
M M		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID INJURY	OCCUR?	
	22. I certify that I took charge of t the evidence obtained by said A and death in my opinion resulte	he remains described abutopsy. Inspection or In	Autopsy, I aguiry, find that said de	Inspection or Inquiry eccased died on the	thereon and from day stated above determined .
	23A. SIGNATURE RS6-	she M.I	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER 230 EXAMINER	6/2/52
2 T	AA. BURIAL, CREMA- 2/4B. DATE ION REMOVAL (Specify)	2 Lanan		OCATION (City, town, o	md.
	DATE RECEIVED BY REGISTRAR'S SIGNAL OCAL REGISTRAR	Welliams M. (ES FUNERAL DIRECTOR	Quela	O and
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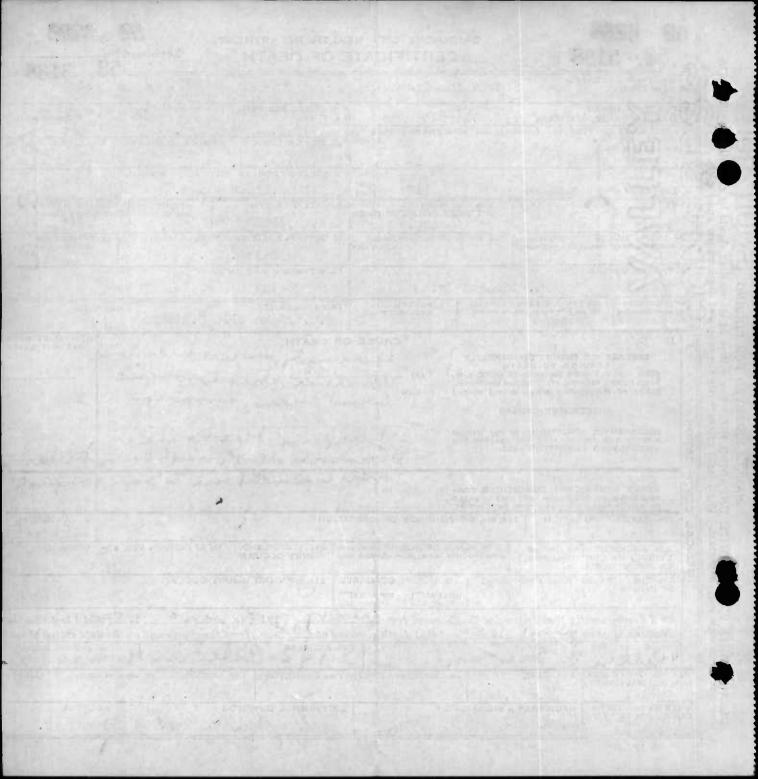


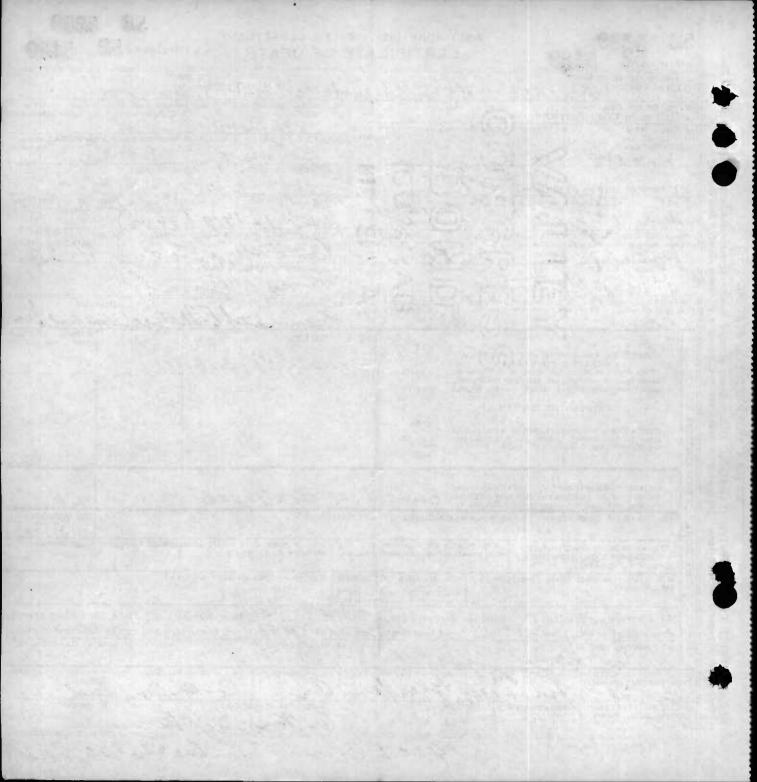
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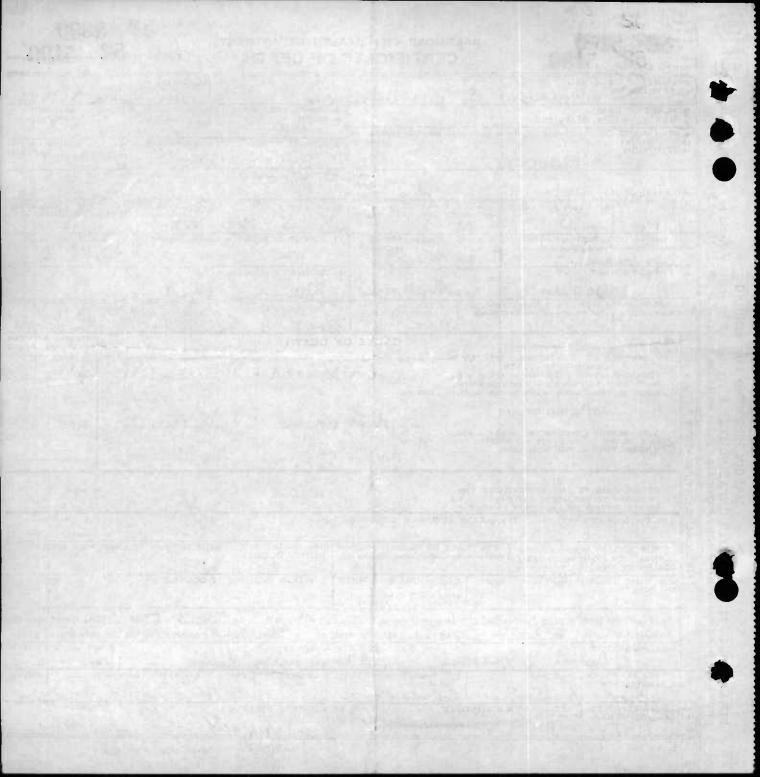
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	DAI TIMORE CITY H	EALTH DEPARTMENT	
		E OF DEATH Registered Re	ELOP
=	BIRTH NO.		2701
	(Type or Print) Mildred O. Schmid	t 2. DATE OF DEATH 6 -	2-52
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	stitution : residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)		
	NSTITUTION 2225 East Biddle St.	C. CITY OR TOWN (If outside corporate limits,	township)
	Yrs. Mos. c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)	Stant
1	5. SEX [6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) HU	nder 1 Year If Under 24 Hours
	Female Ithile Itidowid (Specify	Feb. 11, 1884 68	ths Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) At Your INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	John M. Munich	Laura Hooper	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or waknown) (If yes, give war or detec of service) SECURITY NO.		O Busu ave.
	18. / 57 x . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	P	
	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	-per vancies	3 705.
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		THE PERSON
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	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
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	OTHER SIGNIFICANT CONDITIONS CON-		
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1	194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
	214 ACCIDENT WAS LINDER. 218. PLACE OF INJURY (e. g.,	io or 21C. WHERE DID (If in Baltimore City, gi	YES NO
. 11	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg. CAUSE OF DEATH	etc.) INJURY OCCUR?	,
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURE OF INJURY		
	m. WHILE AT NOT WHILE AT WORK		
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	deceased alive on 6-/, 19 52 and that death occu		23c. DATE SIGNED
	band Schweder M.D.	1101 N. Wieton are	6-2-52
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24b. LOCATION (City, town, o	r county) (State)
-	DATE RECEIVED BY REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR	ADDRESS
	LOCAL REGISTRAR SIGNATURE	John C. Mille One 2435 6.	aliver St.
6	VS 150		
		3 1 0 11	







7		BALTIMORE CITY HE		Registered 5.2	5100
The		IRTH N. 5.2 5190 CERTIFICATI	E OF DEATH		9130
ie	(T	NAME OF DECEASED (ype or Print) ANDREW J. Branden to the place of Death:	4. USUAL RESIDENCE (W	2. DATE OF DEATH here deceased live If insti	3,1952
•	А.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	A. STATE	B. COUNTY	before admission)
11y		Unusity.	SYKESVILL	outside corporate limits, wr	ite RURAL and give township)
ca legib	-	Length of stay in Baltimore Days	D. STREET ADDRESS (If r	ural, give location)	00
should be ca arly and leg	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	1 Year If Under 24 Hours Days Hours Min.
		A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?
atio	13	DODAS Branches	14. MOTHER'S MAIDEN NA	ME Db 44	311
BINDING of inform uses of dea	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS MCD
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MAR INFA	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
т.	CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH portant.	EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
ally im	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK		OCCUR?	
TE PL.	1	22. I hereby certify that I attended the deceased from 6 deceased alive on 6-2-5,49, and that death occur		6-3-5, 19 , the causes and on the d	at I last saw the
YRITE g is esp		23A. SIGNATURE ROPERT & MAD. M.D.	SB. ADDRESS	yp. 2:	C. DATE SIGNED
PLEASI correct as	TIC	ATE RECEIVED BY REGISTRAR'S SIGNATURE' OCAL REGISTRAR 1 3 - 952		CATION (City, town, or co	DRESS (State)
		VS 150	R dulles	W. Haight	



Registered

DEATH VUNE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

(If outside corporate limits, write RURAL and give

GREEN FIELD

9. AGE (In years If Under I Year I Under 24 Hours I Hours Min.

WHAT COUNTRY?

5504 GREENERIED

12. CITIZEN OF

20. AUTOPSY

INTERVAL BETWEEN

ONSET AND DEATH

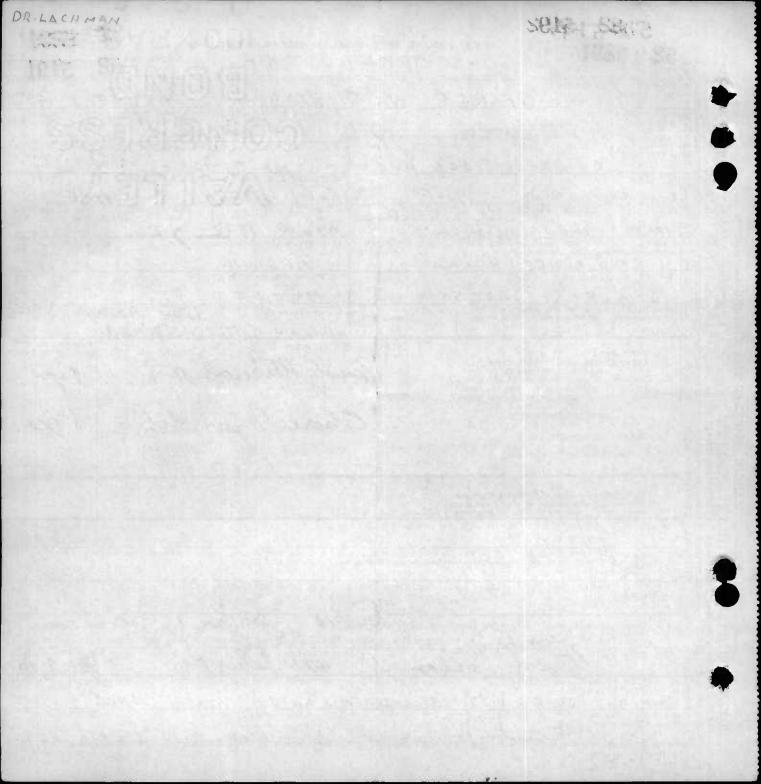
(If in Baltimore City, give exact location)

, 1952 that I last saw the From the causes and on the date stated above

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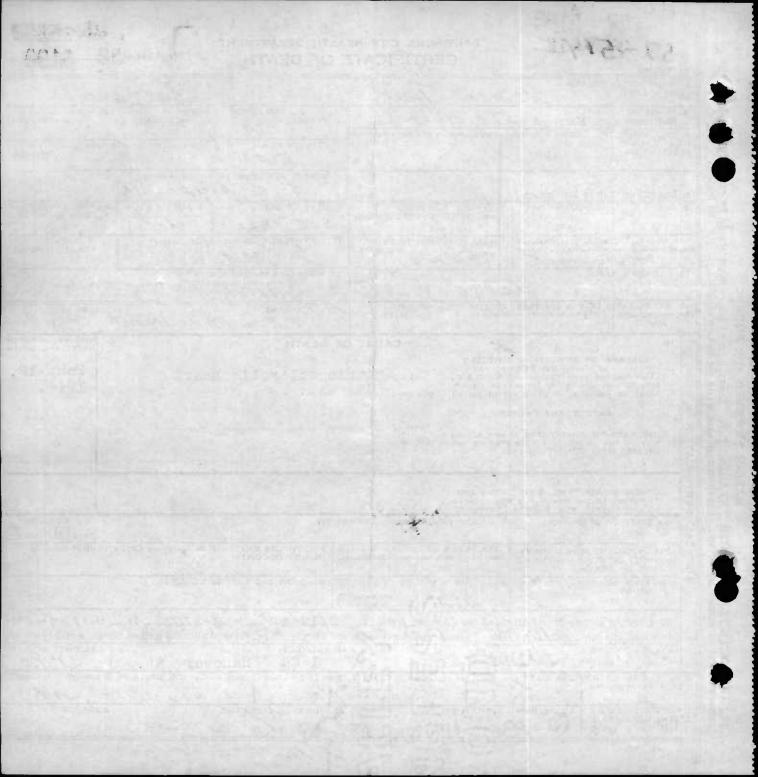


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52-51
1. NAME OF DECEASE (Type or Print)
3. PLACE OF DEATH: A. Baltimore City, M
B. FULL NAME OF (HOSPITAL OR INSTITUTION
5. SEX 6. COL
10A. USUAL OCCUPATI work done during most of working
13. FATHER'S NAME

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52

1. (T	NAME OF D Type or Print)	ECEASED	IAKA	Tw. 99		2. DATE OF DEATH	6.1.52
Α.		City, Maryland /	528 K	ight St	4. USUAL RESIDENCE (W		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospi	tal or instituti	on, give street address or location)	C. CITY OR TOWN (II		limits, write RURAL and give
13	99				1381111		13-0
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If I	glt S	
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED (Specify)	3.8.1861	9. AGE (In year last birthday	ms if Under I Year If Under 24 Hours) Months Days Hours Min.
10 wor	k done during most o	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N	IAME	ESSE		14. MOTHER'S MAIDEN NA	ME	TENER STEEL
15 (Ye	, no or unknown)	D EVER IN U.S. ARME (if yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT .	1 - DA1	ADDRESS
	18. 420		DIRECTIV	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heartfailure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO disease.						
RTIFICATION	ANTECEDENT CAUSES (B)						
1.				(C)		*************************	
CERTII	TRIBUTING TO THE DEATH, BUT NOT RELATED						
		and the second s		FINDINGS OF OPER	The state of the s		20. AUTOPSY?
MEDICAL		ENT WAS UNDER- CONTRIBUTING DEATH	21B. PLA about home, fa	CE OF INJURY (e. g., li rm,factory,street,office bldg.,e	n or 21G, WHERE DID (If	In Baltimore C	ity, give exact location)
2	21D. TIME (OF INJURY	Month) (Day) (Year		HILE AT NOT WHILE		OCCUR?	
22. I hereby certify that I attended the deceased from 2/12/1944 19, to 6/1/52, 19, to deceased alive on 5/31/52, and that death occurred at 10 11 m., from the causes and on the course of the course							
							23c. DATE SIGNED 6/3/52
	AA. BURIAL. CON. REMOVAL S		52 2	4c. NAME OF CEMETE	• ./	CATION (City,	
Cro	ATE RECEIVED	RAR	s signatu	Velliques Met	5. FUNERAL DIRECTOR	Luc	ADDRESS
	VS 150		4 9	2 11-6	130 E.F.	nas /19	Cos.



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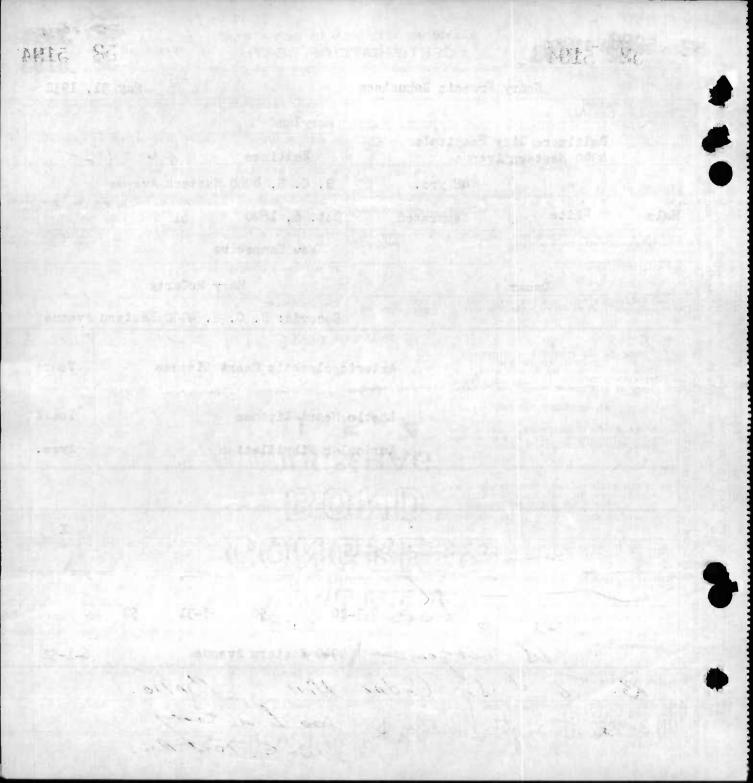
UNFADING Physicians: p

Jo

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

2. DATE Henry Francis Samuelson OF May 31, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. B. C. H. 4940 Eastern Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year 7. SINGLE, MARRIED, 9. AGE (In years) last birthday) Months Days WIDOWED, DIVORCED (Specify Separated Oct. 6, 1890 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? New Hampshire 14. MOTHER'S MAIDEN NAME Mary McCarty Oscar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Arteriosclerotic Heart Disease Years heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Luetic Heart Disease Years CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Auricular Fibrillation 2yrs. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED tal TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. that I last saw the and that death occurred at 10:451 152 m., from the causes and on the date stated above. deceased alive on. 23C. DATE SIGNED 6-1-52 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL Specify) 24D. LOCATION (City, town, or county) 4c. NAME OF CEMETERY OR CREMATORY DATE ECAR 110 DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE 25. LOCAL REGISTRAR



52	-57	94	
BIRTH NO	52	5194	

BALTIMORE CITY HEALTH DEPARTMENT

BI	SCON HTR	5194		CERTI	FICATI	E OF DEATH	Registered	N92	5194
1. (T	NAME OF DE	AUGU	ST	DI	DOMEN	ICO	2. DATE OF DEATH J	une 1	, 1952
	PLACE OF DE Baltimore C	ATH: ity, Maryland				4. USUAL RESIDENCE	Where deceased lived. B. COUNTY		n : residence fore admission)
В.	FULL NAME OSPITAL OR ISTITUTION				Iocation)	Maryland c. city or town (Baltimor	If outside corporate lim	nits, write R	URAL and give township)
	Toward of at	av in Baltimore			Yrs. Mos.	D. STREET ADDRESS (1 2901 Gibbon			
5.		6.COLOR OR RACE White	WIDOW		CED (Specify)	8. DATE OF BIRTH June 20, 1876	9. AGE (in years last birtbday)		
10	A. USUAL OCC	CUPATION (Give kind of working life, even if retired)	IOB. KIND	of Busin		II. BIRTHPLACE (State or Italy	foreign country)		IZEN OF AT COUNTRY?
13	Sento	Di Domenio				Jennie Casa			
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEE (If yea, give war or dete	FORCES?	16. SOCIA	RITY NO.	17. INFORMANT Mrs. Rose Di		ADDRESS	Gibbons
ERTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of th	TH of dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH	(B) G DUE T (C)	•••••	esclustro Card Renor de			8 ys.
U	TO THE DI	SEASE OR CONDITION		г	of open	ATION Company	tates ups l	20 YES	AUTOPSY7
IEDICAL	21A. ACCIDI	ENT WAS UNDER-			URY (e. g., i		(If in Baltimore City		
Σ	21D. TIME (OF INJURY	Month) (Day) (Year)		VHILE AT WORK	NOT WHILE		RY OCCUR?		
	deceased al		ended the	deceased and that o	leath occur	red at from m., from	the causes and on	the date	
	23A. SIGNAT	Jolen	e hi	B	м. D.	BOUIT Hufr	1 Rd	6	W/SU
D	AA. BURIAL, CON, REMOVAL (S. Burial ATE RECEIVED COCAL REGISTION VS. 150	6/4/5 D BY REGISTRAR RAR	2	Hol	y Rede		Baltimore, ck, 5305 H	Mary	Land

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and the state of t

21D. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from 5

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SIGNATURE

24B, DATE

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REGISTRAR'S

OF INJURY

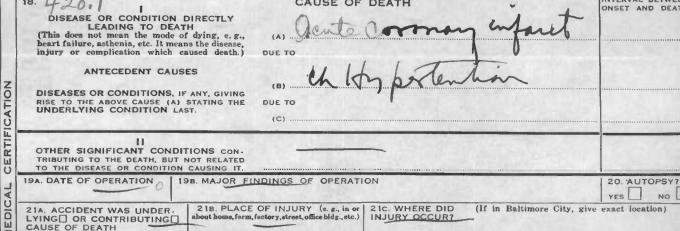
deceased alive on.

23A/SIGNATURE

Burial

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1240								5	2	529	15
52 5 BIRTH NO.	5 1 95		MORE CITY HE				Regi	stered	2	519	5
1. NAME OF D (Type or Print)		OPHIA	M. LOE	ESSEL			2. DATE OF DEATH	June	1,	1952	3
	City, Maryland OF (If not in hospit	al or institution	n, give street address or location)	4. USUA A. STATE	Mary	land	here deceased B. COl	YTY	1	pefore ad	mission)
INSTITUTION	1500 E.	29t)	h Street		Bal	timore		7-	07	to	wnship)
c. Length of s	stay in Baltimore	Services	Mos. Days	1500)	East			reet		
female	6.COLOR OR RACE White		MARRIED. D. DIVORCED (Specify) OWEQ	B. DATE			9. AGE (In last birt)		it Under 1 Ye onths Da		er 24 Hours 's Min.
at home		108. KIND C	OF BUSINESS OR INDUSTRY			(State or fo	reign country	7)		HAT CO	
Charles	NAME Ellinghaus			Julia		eiser	AME				
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If you, give war or date	FORCES?	16, SOCIAL SECURITY NO.	17. INFO			ore, 1		DDRES		St.
(This does beart failt injury or DISEASE	SE OR CONDITION LEADING TO DEAT s not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e.g., ns the disease, aused death.) ES FANY, GIVING STATING THE	CAUSE (A) DUE TO	of DEAT	TH V	tent	infa	ut		ERVAL B	



21F. HOW DID INJURY OCCUR?

DIRECTOR

195

m., from the causes and on the date stated above.

5305 Harford Road

24D. LOCATION (City, town, or county)

Baltimore,

. that I last saw the

28c. DATE/SIGNED

Maryland

ADDRESS

(State)

21E. INJURY OCCURRED

1952 and that death occurred at

NOT WHILE AT WORK

23B.

20

24c. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

ADDRESS

WHILE AT

WORK

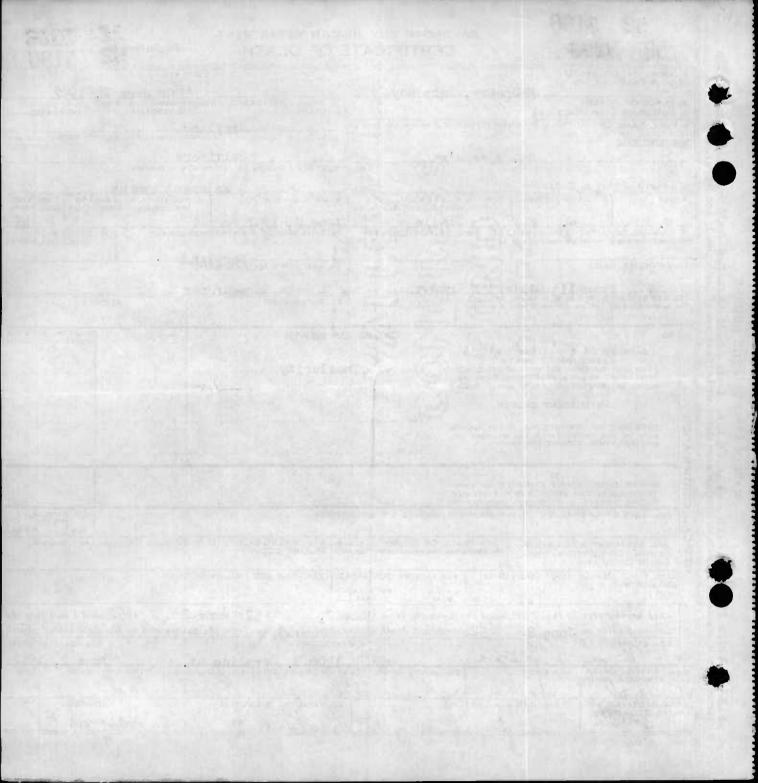
SO4 E. Biddle St. Dr. Hornstein

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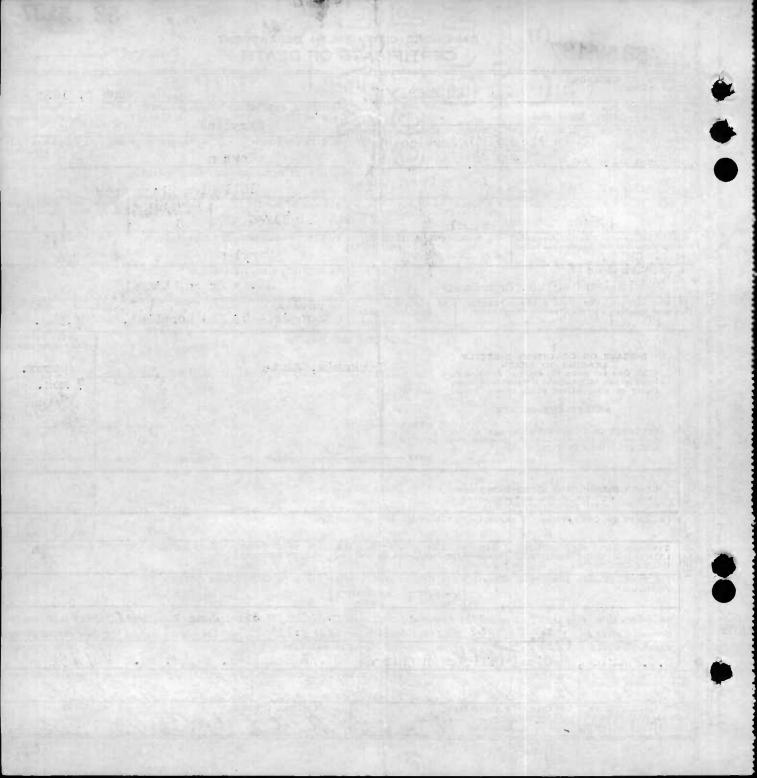
		BALTIMORE CITY HE	ALTH DEPARTMENT	52	520c
ВІ	RTH No. 5296 52 -	130 GERTIFICATI	E OF DEATH	Registered No.	5196
	ype or Print)	eevy. Baby Boy		2. DATE OF DEATH June 2	1952
	PLACE OF DEATH:		4. USUAL RESIDENCE (WI		itution : residence before admission)
HC	OSPITAL OR	or institution, give street address or location)			rite RURAL and give township)
14	St.				wwiiship)
C.	Length of stay in Baltimore	Mos.			6300
		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years a line last birthday) Month	Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)		11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	and	
	Franklin Gilbe	rt McGreevy			
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT		RESS
CERTIFICATION	(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can anticomply of complication which can anticomply of complication which can anticomply of complication complications are underlying condition last the complete co	dying, e.g., (A)	ma turi ty		
AL			ATION		20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH			in Baltimore City, give	-
Σ	21D. TIME (Month) (Day) (Year) (WHILE AT NOT WHILE	21F. HOW DID INJURY	OCCUR?	
TIC	deceased alive on June 2, 23A. SIGNATURE A., BURIAL. CREMA- PAREMOVAL (Specify)	nded the deceased from Juru 1952, and that death occur	red at 5 150 m., from the 3B. ADDRESS 1100 N Caroline RY OR CREMATORY 240. 10 25. FUNERAL DIRECTOR	e causes and on the causes and causes a	3c. DATE SIGNED
	MEDICAL CERTIFICATION ALTO STATE OF THE STA	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital HOSPITAL OR GIVEN IN U. S. ARMED 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME Franklin Gilbe 15. WAS DECEASED EVER IN U. S. ARMED (Yea, no or unknown) (If yea, give war or dates of heart failure, asthenia, etc. It mean injury or complication which ea ANTECEDENT CAUSE ANTECEDENT CAUSE OF DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAS UNDERLYING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (OF INJURY) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (OF INJURY) 22. I hereby certify that I attendedeceased alive on June 2 23A. SIGNATURE 24A. BURIAL CREMA- 24B. DATE 10 ACCIDENT WAS UNDERLYING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (OF INJURY) 24A. BURIAL CREMA- 24B. DATE 10 ACCIDENT WAS UNDERLYING CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE OF DEATH 21D. TIME (MONTH) (DAY) (YEAR) (A) STANDARD CAUSE (A) STAND	S. PLACE OF DEATH: 3. PLACE OF DEATH: 4. Baltimore City, Maryland 5. FULL NAME OF (If not in hospital or institution, give street address or location) POSTUZUOUNX St. Joseph's Yrs. Mos. Days S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) SINGLE MARRIED. WIDOWED, DIVORCED (Specify) 10.A. USUAL OCCUPATION (Givehindof work done during most of working life, even if retired) 13. FATHER'S NAME Franklin Gilbert. McGreevy 15. WAS DECEASED EVER IN U. S. ARNED FORCES; 16. SOCIAL (Yea, no or anknown) (If yea, give war or dates of service) 18. The service of	A SPLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) C. Length of stay in Baltimore C. Length of stay in Baltimore S. SEX G. COLOR OR RACE NULL DAVID AND SERVED AND SERV	(Type or Print) Selected of Death A Baltimore City, Maryland Brown Maryland C City Of Town Brown C City Of Town C City Of Town Brown C City Of Town C City Of Town Brown C City Of Town Brown C City Of Town C City Of Town Brown C City Of Town C City Of Town Brown Brown C City Of Town Brown Brown C City Of Town Brown Brown C City Of Town C City Of Town Brown C City Of Town C City Of Town Brown C City Of Town Brown C City Of Town C City Of Town C City Of Town Brown C City Of Town Brown C City Of Town C City Of Town Brown C City Of Town Brown C City Of Town C City Of Town C City Of Town Brown C City Of Town C City Of Town C City Of Town C C

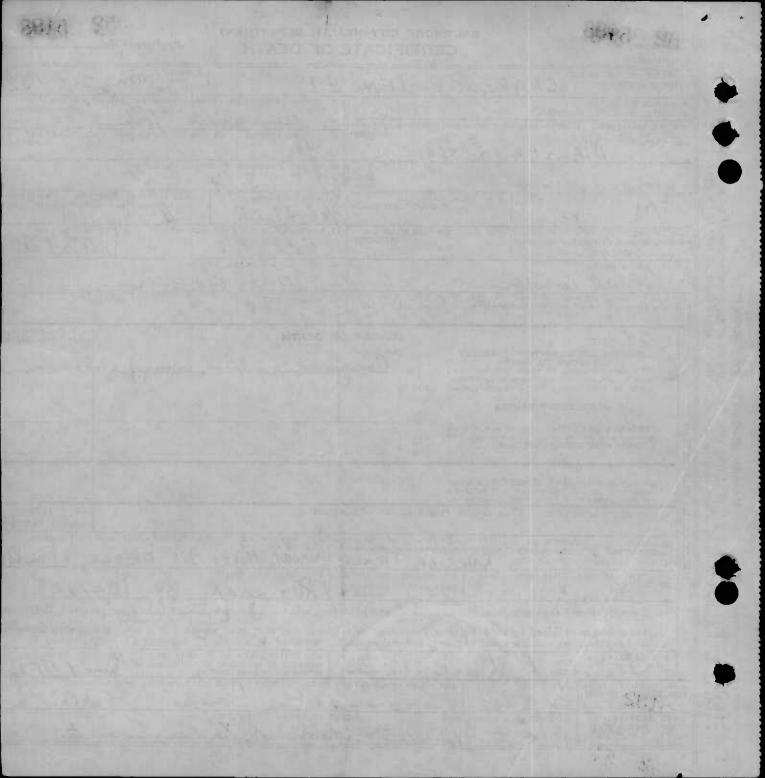


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BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

В	52 51.97	BAI	CERTIFICAT			No
1.	NAME OF DECEASED	AM CLIFFOR	RD HARRISON		2. DATE OF DEATH Ju	me 2, 1952
A.	PLACE OF DEATH: Baltimore City, Marylan FULL NAME OF (If not in		ion, give street address or	A. STATE	NCE (Where deceased lived, I B. COUNTY aryland	
H	OSPITAL OR US Publ	ic Health Hospital	Service location)	c. CITY OR TOWN	(If outside corporate limitows on	its, write RURAL and give township)
С	. Length of stay in Baltime	?	Yrs. Mos. Days		ss (If rural, give location) 811 Glen Ridge R	oad
5	. SEX 6. COLOR OR F		E. MARRIED. VED, DIVORCED (Specify)	10/11/45	9. AGE (In years last birthday) M	H Under 1 Year If Under 24 Heurs Inches Days Hours Min.
	OA. USUAL OCCUPATION (Give k done during most of working life, even if Child	. 42- 1)	o of Business or INDUSTRY		tate or foreign country) yland	12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME William Carlt	on Harriso	on	14. MOTHER'S MAI Bet	ty Grace White	
1! (Ye	5. WAS DECEASED EVER IN U.S. es, no or unknown) NO	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Records -	US PHS Hospital,	Balto, Md.
CERTIFICATION	DISEASE OR CONDITION TEADING TO (This does not mean the reserved failure, asthenia, etc. injury or complication with the complex of the condition of the cond	DEATH mode of dying, e., It means the disease hich caused death CAUSES DNS, IF ANY, GIVIN E (A) STATING TO N LAST. CONDITIONS COL. BUT NOT RELAT.		Approx. 7 mos.		
AL	19A. DATE OF OPERATION	V 19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOFSY7
MEDICAL		NG about home,	ACE OF INJURY (6. g., i farm, factory, street, office bldg.,	nt.) INJURY OCCUP		give exact location)
	OF INJURY	m.	WHILE AT NOT WHILE AT WORK		mount occon	
	22. I hereby certify that deceased alive on 23A. SIGNATURE D.W. Patrick	2 1952 Marker	And that death occur	rred at 6:15Am.,		
TI	AA. BURIAL, CREMA- 24B-D ION BEMOVAL (Specify) DATE RECEIVED BY REGIS:		Muzuari		240 POCATION (City, town	777





DATE RECEIVED BY LOCAL REGISTRAR

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INFADING INK.	INK.	Every		1 of	item of information	nation	should be	d be	-6	n	dan	T.	The		
hysicians;	please	write t	he ca	uses	the causes of death cle	ath cl	h clearly and	and	legi	bly.				, -	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1 NAME OF DECEASED 2 DATE (Type or Print) 3. PLACE OF DEATH: Schoolkopf, Dorothy Henrietta OF DEATH June 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City. Maryland B. COUNTY) B FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) C CITY OR TOWN (If outside corporate limits, write RURAL and give YIPKTHAT WENT St. Joseph's Phoenix Yrs. D. STREET ADDRESS (If rural give location) Mos. c. Length of stay in Baltimore Jarrettsville Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | It Under | Year | It Under 24 Hours | last birthday | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Married 10A. USUAL OCCUPATION (Givekind of) BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME home 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT SECURITY NO. OHE 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Uremia injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Chronic nephritis O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. YU RT OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK . 1952, to June 1 22. I hereby certify that I attended the deceased from May 29 esp deceased alive on June 1 1952, and that death occurred at 7:00 pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS TILOO NT Caroline 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify)

Registered No.

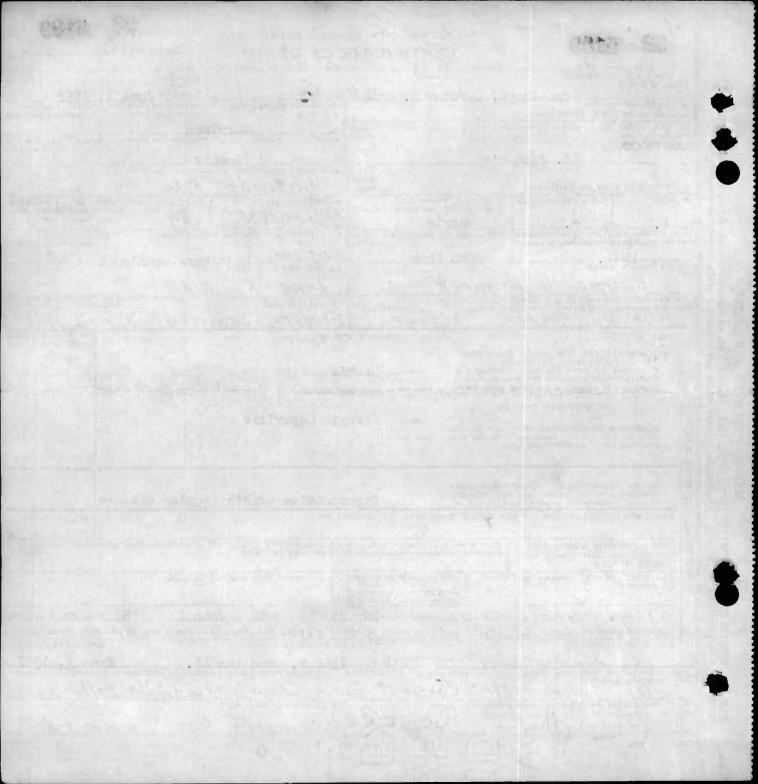
before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

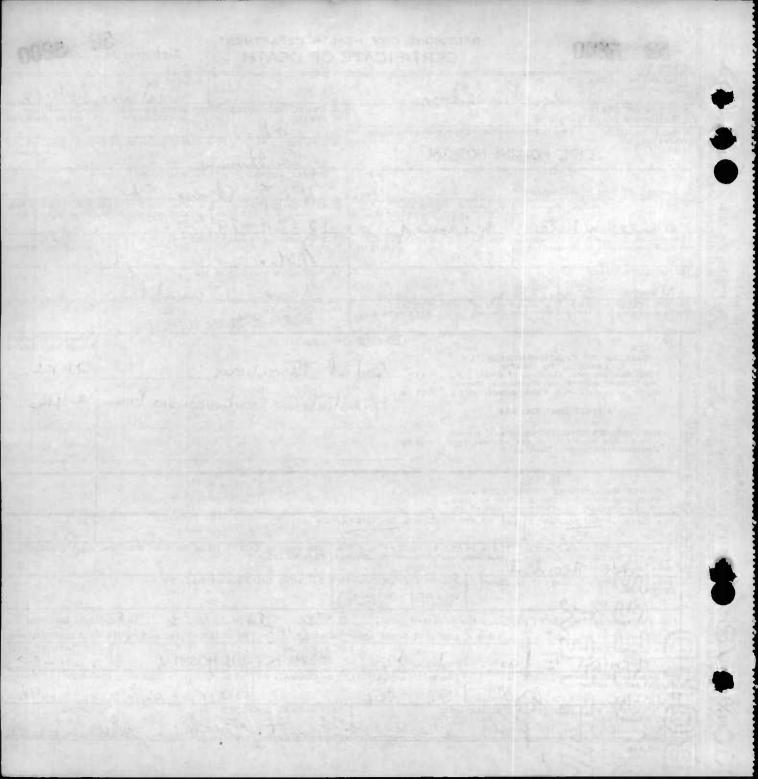
Hypertensive cardiovascular disease NO (If in Baltimore City, give exact location) . 1952 that I last saw the 23c. DATE SIGNED Time 24D. LOCATION (City, town, or county)



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RVED	Ever	write
RESE	INK.	please
MARGIN RESERVED FOR BINDING	NFADING INK. Every item of information should be call	sicians:
M	Z	hy

433	BALTIMORE CITY H	EALTH DEPARTMENT	; E	52
52 5200		E OF DEATH	Registered No	52nn
BIRTH NO.	<u> </u>	L O. DEATH		- 00
1. NAME OF DECEASED (Type or Print)	ledma.	640	2. DATE OF	7 1-1-
3. PLACE OF DEATH:	Medma	4. USUAL RESIDENCE (W	DEATH V	2.9/1952
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission
HOSPITAL OR	institution, give street address or location		outside corporate limits,	
INSTITUTION JOHNS HOPKINS		Pa AL	outside corporate ilmits,	township
-	Yrs.	D. STREET ADDRESS (If	rural, give location)	01
c. Length of stay in Baltimore	Mos.	7175 1	< 1	
5. SEX 6. COLOR OR RACE 7.	Days SINGLE, MARRIED,	8. DATE OF BIRTH		ndor I Year Il Under 24 Hours
Famila Minte	WIDQWED, DIVORCED (Specify	11-20-10	last birthday) Mont	ths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10)	B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF
work done during most of working life, even if retired)	INDUSTRY	md		WHAT COUNTRY
13. FATHER'S NAME	+3	14. MOTHER'S MAIDEN NA	AME	
James Soitte	7 (3)	(1000)) a. H	
15. WAS DECEASED EVER IN U.S. ARMED FOR		17. INEORMANT	oneymen	DRESS
(Yes, no or unknown) (If yes, give war or dates of se	SECURITY NO.		S HOSPITAL	
18. 1113 X	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	ECTLY	A 1 '		ONSET AND DEATH
(This does not mean the mode of dy	ing, e. g., (A)	nal Thromborus		3 MKS
heart failure, asthenia, etc. It means th injury or complication which cause	e disease, d death.) DUE TO		0 h	5 11.5
ANTECEDENT CAUSES	. Hyn	intensive Cardio	yas was Ukan	TRS
DISEASES OF CONDITIONS OF ANY	(B)	00 00 00 00 00 00 00 00 00 00 00 00 00	*******************************	****
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.	TING THE DUE TO			
ONDERETING CONDITION EAST.	(C)		**************************************	
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OTHER SIGNIFICANT CONDITION	S CON-			
TO THE DISEASE OR CONDITION CAL				
19A. DATE OF OPERATION 19B. I	MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 2	1B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (I	f in Baltimore City, giv	YES NO L
LYING OR CONTRIBUTING LA	out home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?	I in Danimore Orty, gr	ve exact location)
21D. TIME (Month) (Day) (Year) (Ho	ur) 21E. INJURY OCCURE	ED 21F, HOW DID INJURY	OCCUP?	
OF INJURY	WHILE AT NOT WHILE		0000111	
	m. WORK AT WORK	6 10 60	/ 1 50	
22. I hereby certify that I attend			6-3, 1957	
deceased alive on 0 7, 19		rred at 6 5 m., from the 23B. ADDRESS	ne causes and on the	date stated above
Thomas E Van	mitro M. o.	INTUNE LIBERTINE	HOSPITAL	4-4-52
24A. BURIAL, CREMA- 24B. DATE IDN. REMOVAL (Specify)	24C. NAME OF CEMET	Bellevinghelinghelin &	OCATION (City, town, o	
BURIAL GPECITY) G- G- 5	2 ST. PAUL	None	VILLE HARFORD	seo. Md.
DATE RECEIVED BY REGISTRAR'S SI		25. FUNERAL DIRECTOR	· · · · · · · · · · · · · · · · · · ·	ADDRESS
JUN 1 = 1052 Huntingt	on Williams MED	Herri Ot FAM	alice Ato	in to the in



ahor

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET. AND DEATH

20. AUTOPSY?

23c. DATE SIGNED

ADDRESS

NO

H Under 1 Year

ADDRESS

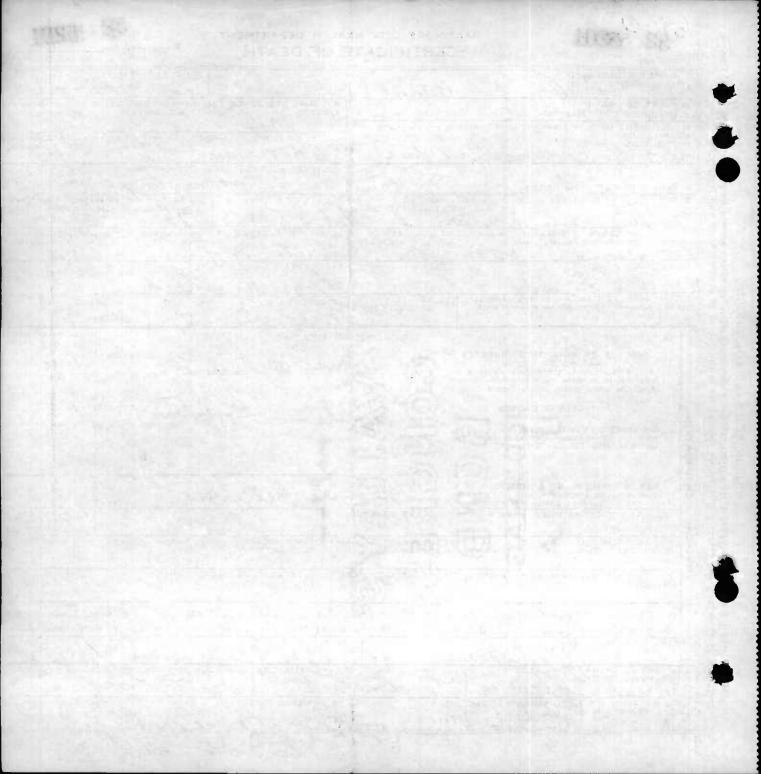
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12. CITIZEN OF

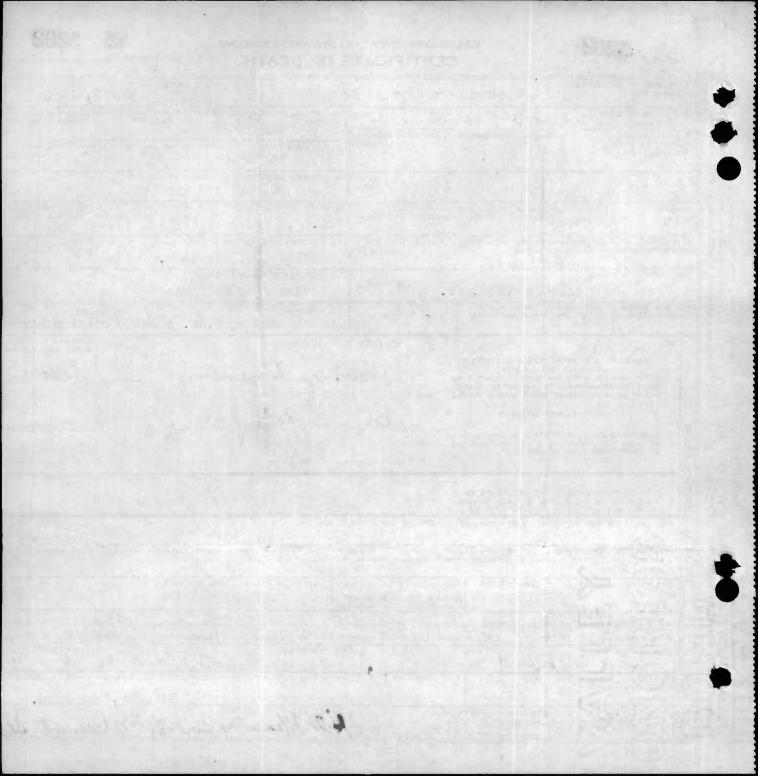
FOR Every ite RESERVED INK. UNFADING Physicians: MARGIN

VS 150

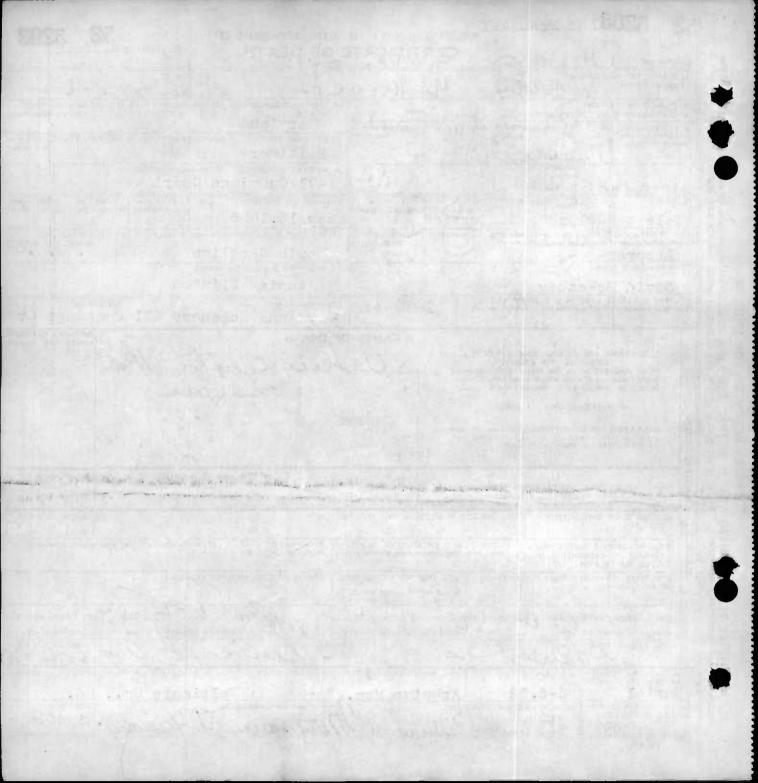
BINDING



52 BIRTH N	5202		BA		E OF DEATH	Registered	52 5202
1. NAME (Type or I	OF DECEASED Print)	Reve	erend	John Carroll 1	Moore	OF JU	me 2, 1952
A. Baltin	of DEATH: nore City, Marylander OF (If not	and 89	48 14	follows St tion, give street address o	A. STATE Maryland	Where deceased lived, B. COUNTY	If institution: residence before admissi
HOSPITA INSTITUT	LOR			location			mits, write RURAL and g
c. Lengt	h of stay in Balti	imore		Life Yrs. Mos. Days	D. STREET ADDRESS (If 81,8 Holli	rural, give location) ns Street	4
5. SEX Male	6.COLOR o White		MIDOA	E. MARRIED. WED. DIVORCED (Sp. of) Single	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year H Under 24 hi Months Days Hours M
10A. USU work done duri	AL OCCUPATION (Cing most of working life, even	en ifretired)	10B. KINI	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for Baltimore, Ma		12. CITIZEN OF WHAT COUNTS
13. FATH	John Orla			Cm	14. MOTHER'S MAIDEN N.	AME	
15. WAS D	ECEASED EVER IN U.	SARMED	FORCES?	I 16. SOCIAL	Mary Jane Ca 17. INFORMANT John Orlando Moore	-	ADDRESS
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M-1	52 5202 NRY MCKENNEY	EALTH DEPARTMENT 52 5	202
The		E OF PEATH Registered No.	203
F	1. NAME OF DECEASED	2. DATE OF OF DEATH (0-2-1	7
Add	S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : re	esidence admission)
	8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location		L and give
· ·	INSTITUTION University	Baltimore //-024	township)
ca	Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 471 Cummings Court	
IDING information should be of death clearly and l	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH 9. AGE (In years # Under Year #	Under 24 Hours ours Min.
shou	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF COUNTRY?
ion cle	Laborer (In.)	South Carolina U. S	. A
VG rmat deatl	David McKenney	Annie Clinton	
R BINDING	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Anna McKenney 471 Cumming	s Ct
MARGIN RESERVED I UNFADING INK. Every Physicians: please write th	beart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Aseau.	
世.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AU	TOPSY?
WITH Portant.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg. CAUSE OF DEATH		7 110 1
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY M. WHILE AT NOT WHILE AT WORK		
PL PL	22. I hereby certiff that I attended the deceased from 6	That I las	
WRITE PL	1 Melia		SIGNED
100	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET.	ERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)
PLEA	Burial 6-5.52 Arbutus Mem	Park Baltimore Co., Md.	578
PI	HIN 1 = 1952 Huntington Williams Mit	Most raused 5. Husligh Bi d	ăle
	vs 150	99	



before admission)

If Under 1 Year

12. CITIZEN OF

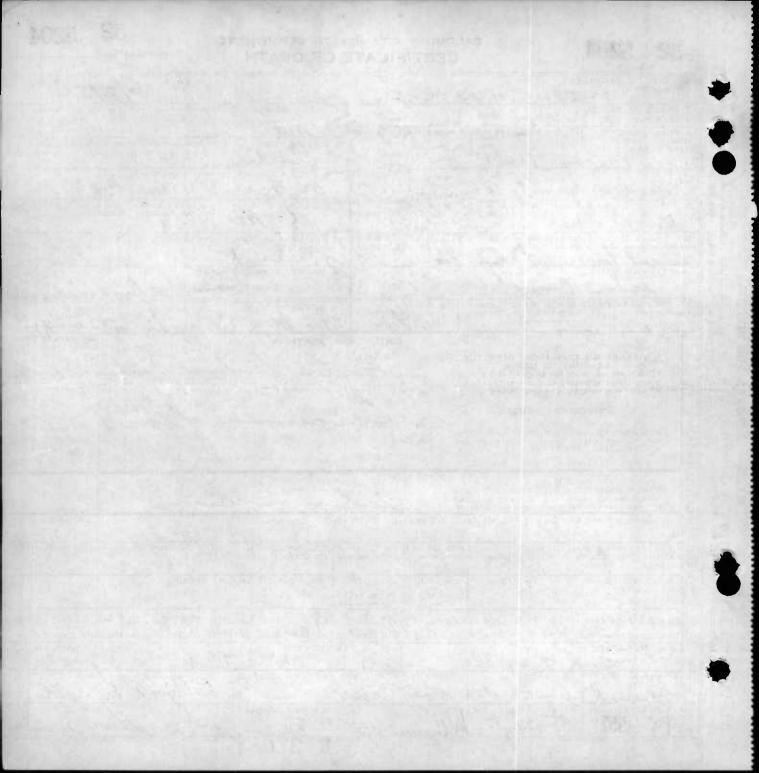
23

WHAT COUNTRY?

20. AUTOPSY

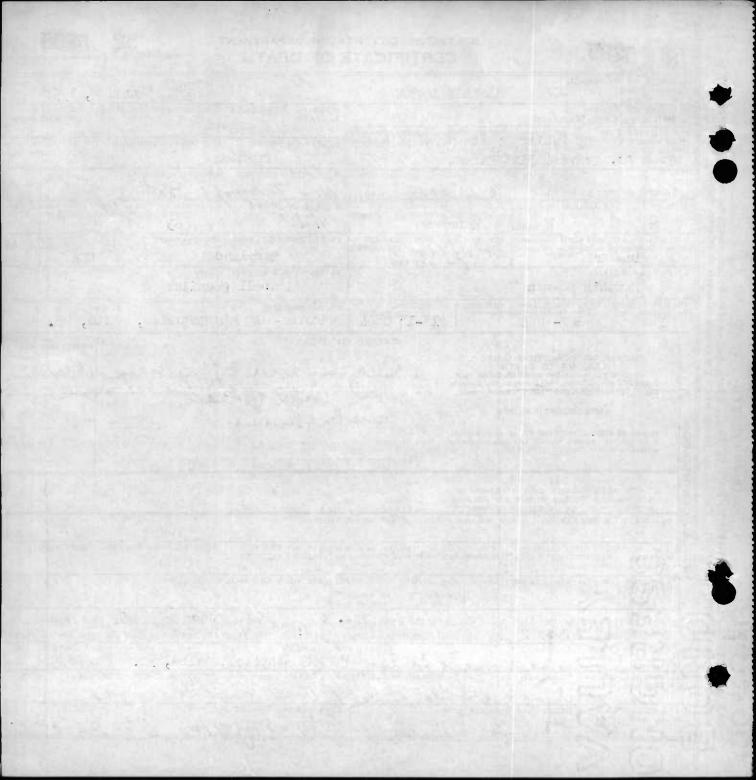
23c. DATE SIGNED

(If in Baltimore City, give exact location) , 195, to June 2, 195, that I last saw the 19 54 and that death occurred at 833 Am., from the causes and on the date stated above. VS 150



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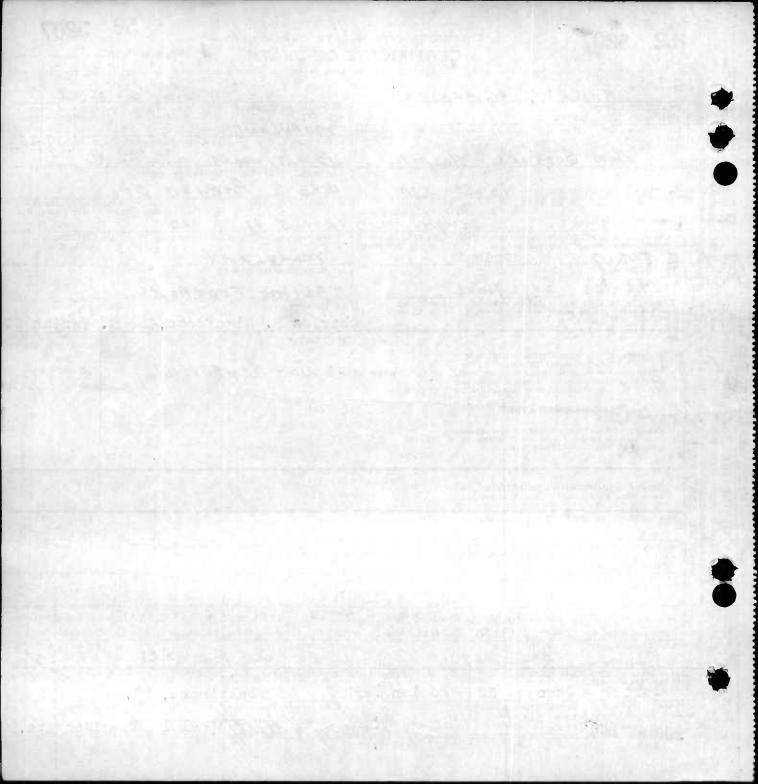
L-3		50	HE	ВА		EALTH DEPARTMENT	52 Registered No	5205
The	В	IRTH NO.	00		CERTIFICAT	E OF DEATH	Registered No	
	1. (T	NAME OF D 'ype or Print)		FRANKL	IN LOWMAN		2. DATE OF DEATH June	2, 1952
ippli	Α.		City, Maryland			4. USUAL RESIDENCE (W	B COLINTY	stitution: residence before admission)
O III	H	OSPITAL OR	US Public Drive & 31	Health	tion, give street address of Service location et		outside corporate limits,	write RURAL and give township)
e ca legibn			tay in Baltimore	1 7	Weeks Yrs. Mos. Days	New Telegrap,	rural, give location)	
should be		M	6. COLOR OR RACE	Maj	e, Married, Ved, DIVORCED (Specify rried	9/1/88	last birthday) Mont	hs Days Hours Min.
on sho	wor	k done during most	of working life, even if retired OCT	Post U	O OF BUSINESS OR FILLINGS INDUSTR	11. BIRTHPLACE (State or for Maryland	reign country) 1;	2. CITIZEN OF WHAT COUNTRY? USA
VDING information shoul of death clearly			this Lowman			14. MOTHER'S MAIDEN NA ISabell Rec		
BINDING of inform	(Ye	Yes	ED EVER IN U. S. ARM (If yes, give war or da WI- USA	ED FORCES? tes of service)	213-18-0884	17. INFORMANT Records- US PHS		to, Md.
RESERVED FOR INK. Every item lease write the car	ICATION	(This does heart failuinjury or DISEASE:	SE OR CONDITION LEADING TO DE, not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A	ATH of dying, e. cans the discar caused death SES IF ANY, GIVII) STATING T	g., (A) Car se, DUE TO WH	cincona of unde spro herfarer.	laryny	INTERVAL BETWEEN ONSET AND DEATH
MARGIN I UNFADING Physicians: p	CERTIFI	TRIBUTING	IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED			
hd .	J	19A. DATE C	OF OPERATION	198. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
, WITI	EDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg	in or 21c. WHERE DID (If	f in Baltimore City, giv	
	Σ	21D. TIME OF INJURY	(Month) (Day) (Yea	r) (Hour)	WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
AS VRITE PL.	2. TI	22. I hereb deceased a 234. STONA 4A. BURIAL. ON, REMOVAL (S	PURE CREMA-1 24B DATE	ttended the	e deceased from At and that death occurrence with D. 24c, NAME OF CEMET	urred at 2:50P m., from the 23B. ADDRESS US PHS Hospital, I ERY OR CREMATORY 24D. LC	ne causes and on the	6/2/52
PLEAS	Cro	ATE RECEIVE	52 REGISTRAI	yton /	Valianes Miz	25. EUNERAL DIRECTOR		Burnie
		VS 150		0 3	574	191		



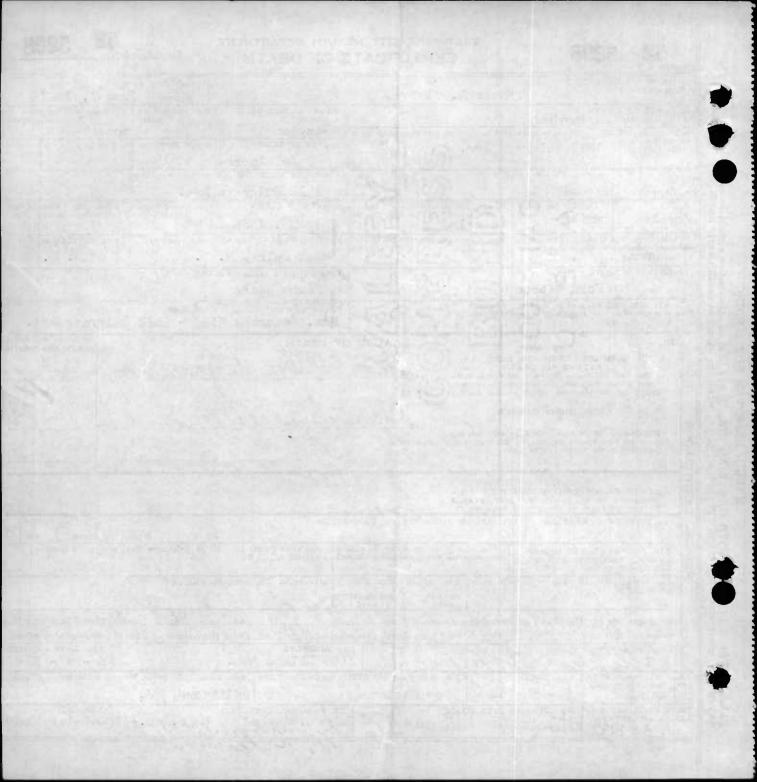
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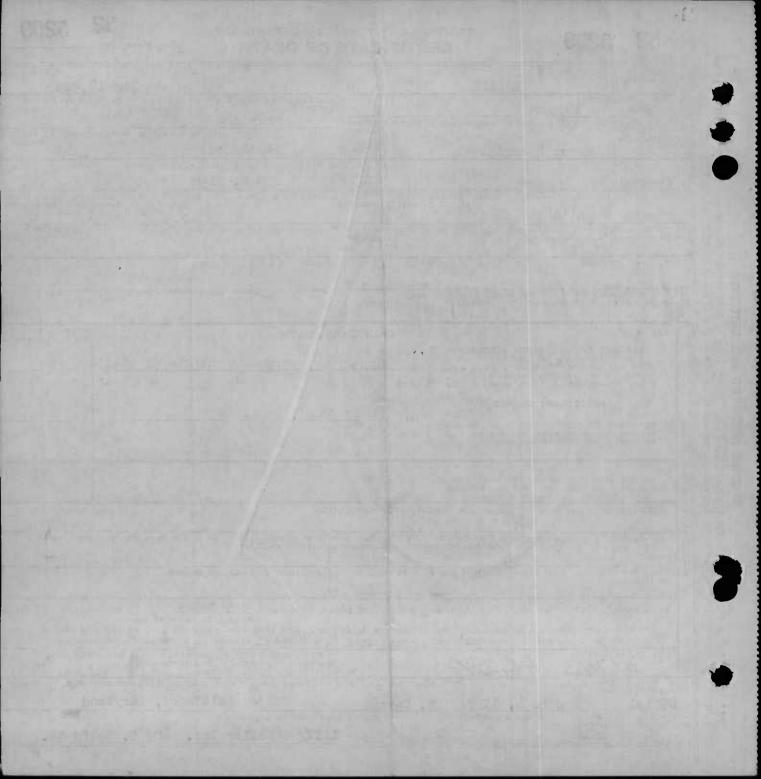
20. AUTOPSY

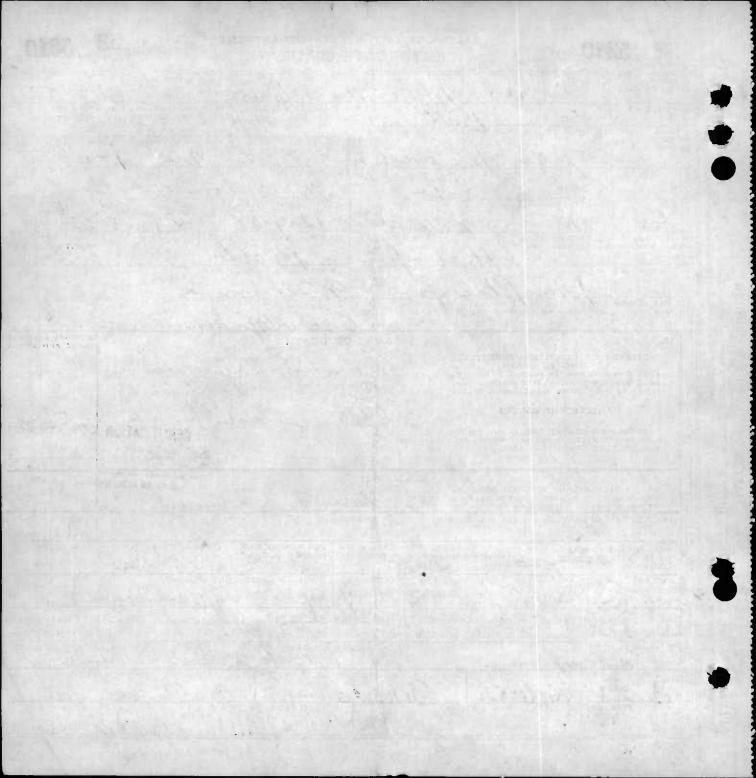


	IRTH NO.	5208			E OF DEATH		ered No. Jeus
1. (T	NAME OF D Type or Print)		ances M.	Gibbon		2. DATE OF DEATH	June 1, 1952
A.		City, Maryland	-1 : 4:4 -4:	on, give street address	A. STATE		ved. If institution: residence
H	FULL NAME OSPITAL OR NSTITUTION	1812 Sulgran		on, give street address of location		O *	township
		tay in Baltimore		37 Yrs. Mos. Days			ion)
fe	sex emale	white	single	ED, DIVORCED (Specif	July 28, 1856	9. AGE (In year last birthda)	ars H Under 1 Year H Under 24 Hours Min.
		CUPATION (Givekind of f working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTR	West Point, I		12. CITIZEN OF WHAT COUNTRY
	FATHER'S	John Gibbon			14. MOTHER'S MAIDEN Fanny Moale	NAME	
Yes	S. WAS DECEASI	D EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16, SOCIAL SECURITY NO.	Mrs. Bangroft	Hill - 1812	ADDRESS 2 Sulgrave Ave.
	heart failu	not mean the mode ore, asthenia, etc. It mea complication which c	ns the disease		unol vincho	- Jeneus	unch Blogs
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200





VS 150

195 that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED 240, LOCATION (City, town, or county)

before admission)

WHAT COUNTRY?

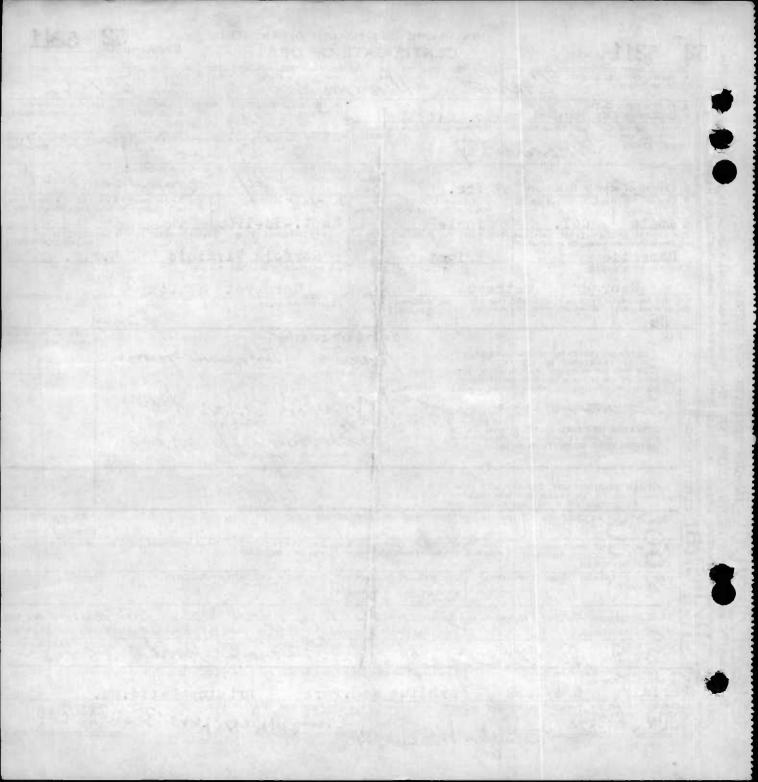
INTERVAL BETWEEN

ONSET AND DEATH

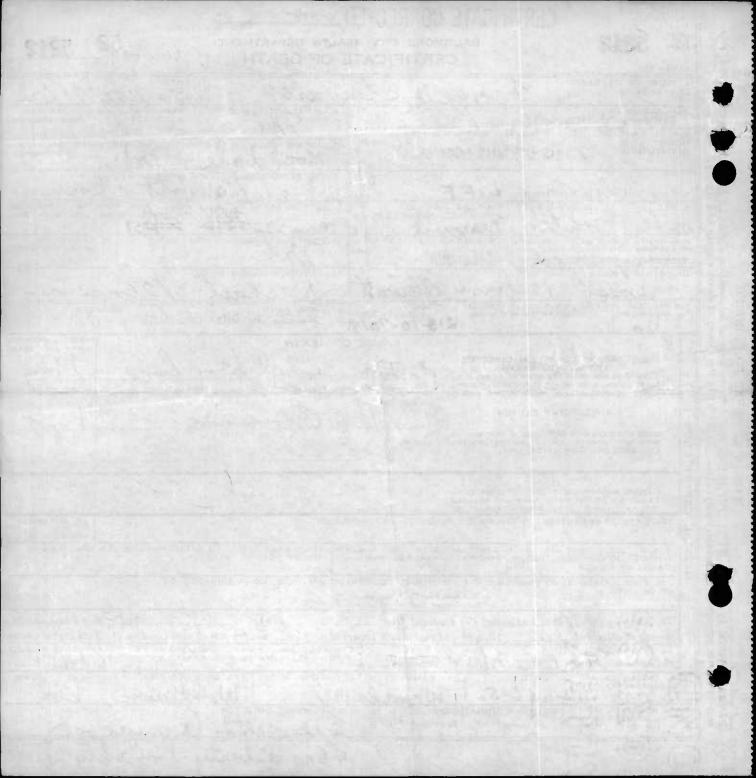
20. AUTOPSY

NO

YES



0	113	L3 CERTIFICATE CORRECTED 6-9-52	
5	5	52.12 BALTIMORE CITY HEALTH DEPARTMENT 52	5940
e e	l p	CERTIFICATE OF DEATH Registered No.	2016
T	1.	NAME OF DECEASED (2. DATE)	. a
		ype or Print) florge lewart DEATH MINE	3/15-2
ilqqı		PLACE OF DEATH: Baltimore City, Maryland A. USUAL RESIDENCE (Where deceased/lived. If institute a. STATE (Where deceased/lived. If it institute a. STATE (Where deceased/lived. It is it institute a. STATE (Where deceased/lived. It is it is it	before admission)
		FULL NAME OF (If not in Pospital or institution, give street address or	were
Ĭ.		STITUTION HOPKINS HOSPITAL OR TOWN (If outside cornerate lights, write	township)
calegibry		Yrs. D. STREET ADDRESS (If rural, give logation)	353 0191
leg leg	c.	Length of stay in Baltimore LIFE Mos. Days 3609 Mourist La	ne
d be	5.	SEX 6. COLOR) OR RACE 7. SINGLE, MARRIED, 8. DATE OF BRTH 1895 9. AGE (In years funder last birth (lay) Months:	
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(1)	wor	done during most of working life, even if retired) Paper Route INDUSTRY	HAT COUNTRY?
ttion th cl		FATHER'S NAME 14. MOTHER'S MAINEN NAME	
NG rmatic death		James Nelver Slewart Kachael Dens	on
DI	15 (Ye	(If yes, give war or dates of service) WAS DECEASED EVER IN U. S. ARMED FORCES? ADDRE 17. INFORMANT HOPKINS HOSPITAL ADDRE	ss
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em cat		SAUSE OF BEATH	NSET AND DEATH
of it		(This does not mean the mode of dying, e.g., (A) Intra cerebral households	1 dan
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	6
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MARGIN UNFADINC Physicians:	U	(C)	
FA]	RTIF	OTHER SIGNIFICANT CONDITIONS CON-	
M UNI Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H.	AL		20. AUTOPSYT
WITH ortant.	U	21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give e)	ves No V
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e e	-	21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY	
a		m. WHILE AT NOT WHILE AT WORK	
VRITE PI			t I last saw the
ITI s es		deceased alive on 6/3, 19.52 and that death occurred at 9 m., from the causes and on the da 23 BIGNATURE 23B. ADDRESS HOPKINS HOSPITAL 23C	DATE SIGNED
e is		/ White / / / Land M. D.	13/52
32	TI	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eour removal (Specify)	(State)
PLEAS	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE! USON 25. FUNERAL DIRECTOR ADD	RESS
PI		GALREGISTRUST Vallague, M. 25. FUNERAL DIRECTOR	Ser
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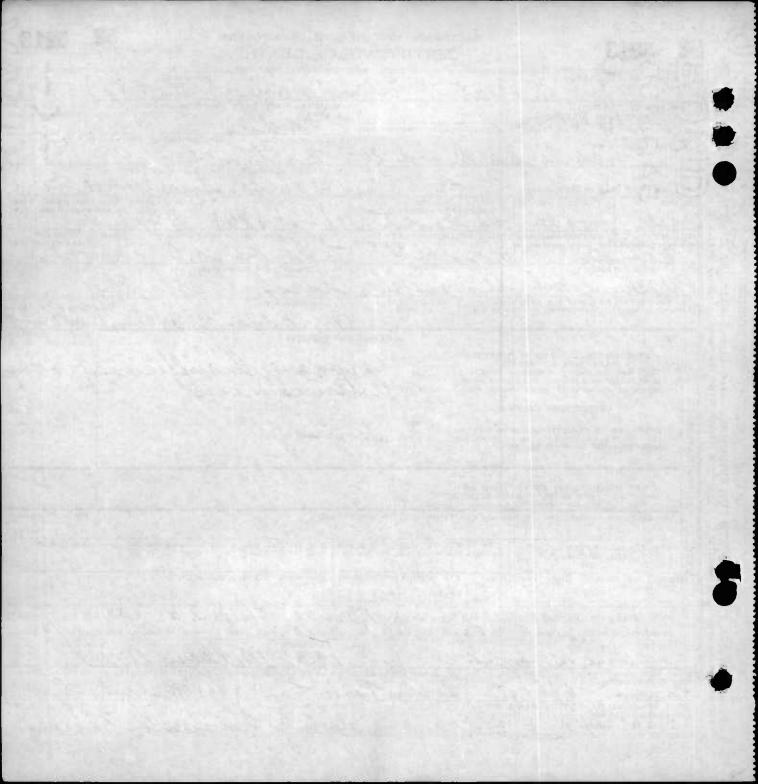


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MARGIN RESERVED FOR BINDING

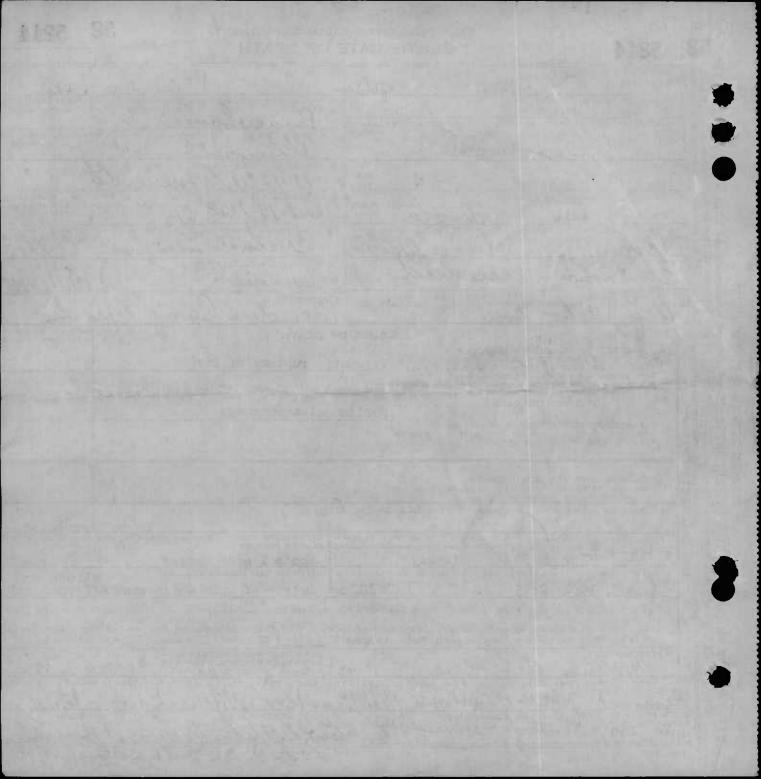
BALTIMORE CITY HEALTH DEPARTMENT

CENTILICATE OF DEATH	52 5213
Type or Print) Robert B. Underson DEATH	6/3/5-2
Baltimore City, Maryland B. COU B. FULL NAME OF (If not in hospital or institution, give street address or	NTY before admission)
NSTITUTION 406 So. Smallwood St Baltimore	ate limits, write to that, and give township)
Length of stay in Baltimore 50 Mars 406 So. Smal	lwood st.
male whate Widowed (/26/1868 last hirth	day) Months Days Hours Min.
	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME William A - anderson Larah E Str	alow.
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO.	0 ASTE 6 00 .8 2
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) CATAMON CANADA CA	onset and death
TRIBUTING TO THE DEATH, BUT NOT RELATED	
	20. AUTOPSY?
218. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., no of 21c. WHERE DID (II in Baltimore) LYING□ OR CONTRIBUTING□ about home, farm, factory, etroet, office bldg., etc.) INJURY OCCUR?	e City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT HOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Mr. 30, 1951, to time 3 deceased alive on June 2, 1952 and that death occurred at 10 Am., from the causes an 23A. SIGNATURE 23B. ADDRESS M. D. 24A. BURIAL CREMA- 100, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Cit	Que 23c. DATE SIGNED
MEDICAL CERTIFICATION	SIRTH NO. 1. NAME OF DECEASED (Type or Prink) 2. DATE (Type or Prink) 3. PLACE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased a. STATE 4. USUAL RESIDENCE (Where deceased a. STATE 5. SEA 6. COLOR OR RACE 7. SINCLE. MARNIED WILLOWS DEVELOPMENT ON (Giral State of Prink) 10. STREET ADDRESS (If rust), give bore the principle of the principl



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 1. NAME OF DECEASED 2. DATE (Type or Print) OF ERNEST WILLIAMS DEATH June 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) C. CITA outside corporate limits, write RURAL and give INSTITUTION St. Agnes Hospital Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OF RACE , MARRYED. ED. DIYORCED (Specify) If Boder 1 Year 7. SING AGE (In years) last birthday) Months: Days Hours: Min. Male White 10A. USUAL OCCUPATION (Givekind of SINESS OR ring most of working life, even if retired) INDUST 15. WAS U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Traumatic rupture of liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) SOPEK ANTECEDENT CAUSES Peritoneal hemorrhage ZO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICATI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 5,000 Highway Route 1 near Dorsey 21D. TIME (Month) (Day) (Year) (Hour) OF_INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED struck tree Driver of auto which ran June off road and Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, RITE is esp and death in my opinion resulted from: natural causes \square , accident \boxtimes , suicide \square , homicide \square , undetermined \square . 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER June MEDICAL INVESTIGATOR REMOVAL (Specify LOCAL REGISTRA



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1.	RTH NO.	ECEASED		ATE OF DEATH	2. DATE	52 5215
(T)	ype or FM81	lie) Mary C	atherine Marsha	all		June 2,1952
	Baltimore (EATH: City, Maryland		A. STATE	E (Where deceased liv B. COUN	ved. If institution: residence TY before admission
HC	FULL NAME OSPITAL OR	OF (If not in hospital	al or institution, give street addre loca	ess or tion) C. CITY OR TOWN	(If outside corporate	e limits, write AURAL and g
IN	STITUTION	3101 Winds	or Ave.,	Baltimore		5 4 townsh
				Irs. D. STREET ADDRESS		
	Length of s	tay in Baltimore	7. SINGLE, MARRIED.	8. DATE OF BIRTH	odsor Ave.	
F	emale	White	WIDOWED, DIVORCED (SI		last birthday	y) Months Days Hours Mi
10 rork	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS O	R 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTR
	House-	wife	At Home	Md.		WHAT GOOKIN
13	. FATHER'S	Weller		14. MOTHER'S MAIDE		
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	8	ADDRECS
(Yes	n no or unknown)	(If yes, give war or date	of service) SECURITY N	0.	G. Miller	3101 Windsor
	(This does	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS	f dying, e.g., (A)		hroubos;	***************************************
IFICATION	(This does heart failt injury or DISEASE RISE TO 1	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	FI dying, e. g., (A)	Anterioscleros disease	***************************************	***************************************
ERTIFICA	(This does heart failt injury or DISEASE RISE TO TUNDERLY	LEADING TO DEAT s not mean the mode of the asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication of	F ANY, GIVING STATING THE ST. (C)		***************************************	***************************************
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ERTIFICA	(This does heart failt injury or DISEASE RISE TO TUNDERL'S TRIBUTING TO THE DISEASE ACCIDED	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUSE SOR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT TISEASE OR CONDITION OF OPERATION O 1 DENT WAS UNDER- R CONTRIBUTING	F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED CAUSING IT.	Anterioscleson disease	kr Cardio	Vascular 104ps
DICAL CERTIFICA	OTHER STRIBUTION TO THE DISA. DATE COLUMN CAUSE OF	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mean complication which of ANTECEDENT CAUSE SOR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT TISEASE OR CONDITION OF OPERATION O 1 DENT WAS UNDER- R CONTRIBUTING	f dying, e. g., (A)	Anderioscleson Anderioscleson OPERATION B. G., in or 21C. WHERE DID INJURY OCCUR?	K T Cardio	Vescular 10 yrs
DICAL CERTIFICA	OTHER STRIBUTION TO THE DISEASE RISE TO TUNDERLY OTHER STRIBUTION TO THE DISEASE OF LYING OCAUSE OF 21D. TIME OF INJURY	LEADING TO DEAT S not mean the mode of the anthe mode of the action of the action which complication which complication which complication which complications are actionally and the above cause (A) ying condition Labeled Condition Labeled Condition of the Death, But also are condition of the Co	If f dying, e. g., (A)	Anderiosclesos Anderiosclesos Obsense Deration Des., in or local linguity occur? URRED 21F. HOW DID IN. HILLE ORK 1950, to	(If in Baltimore of	20. AUTOPSY7 YES NO [City, give exact location)
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MEDICAL CERTIFICA	OTHER STRIBUTION TO THE DISEASE RISE TO TUNDERLY OTHER STRIBUTION TO THE DISEASE OF LYING OCAUSE OF 21D. TIME OF INJURY 22. I hered deceased a	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mean complication which complication which complication which complication with the above cause (A) THE ABOVE CAUSE (A) TIPE CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT TISEASE OR CONDITION DE OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION OF OPERATION (Month) (Day) (Year) TO CETTIFY THAT I attempt the complication of the c	if dying, e. g., (A)	Anterioscles of disease Departion Des., in or linjury occur? URRED 21F. HOW DID IN. HORK 23B. ADDRESS	(If in Baltimore of	20. AUTOPSY YES NO City, give exact location) 19 52, that I last saw on the date stated about the last state about town, or county) (Stat

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BALTIMORE CITY HEALTH DEPARTMENT

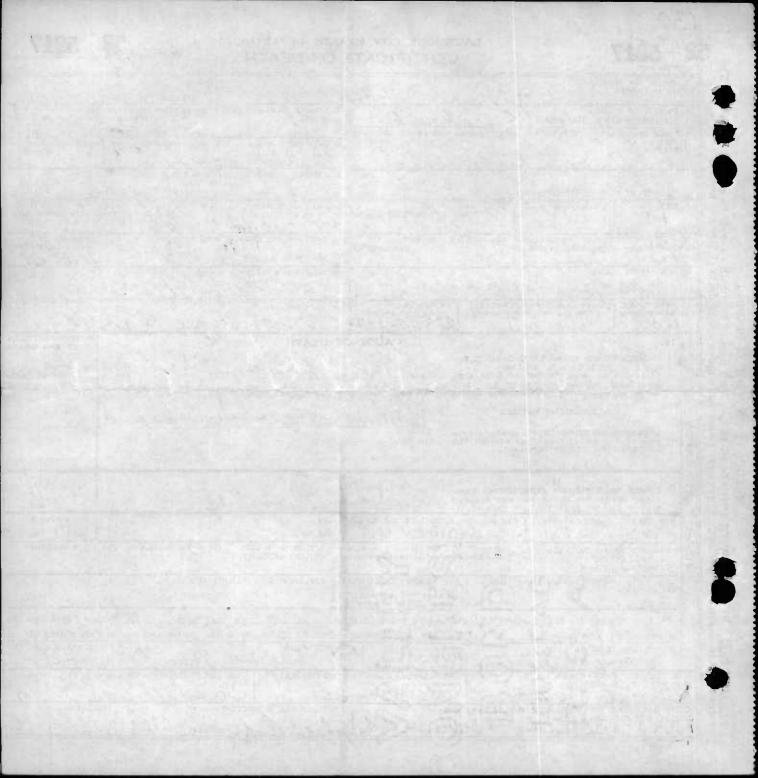
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BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
1.	NAME OF D		e E. A	lexander		2. DATE OF DEATH JUN	ne 3,1952
	PLACE OF E	City, Maryland			4. USUAL RESIDEN	NCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
B. HO	FULL NAME OSPITAL OR STITUTION			ion, give street address or location)	c. CITY OR TOWN Balt	(If outside corporated);	ats, write ADRAL and give
		stay in Baltimore		Yrs. Mos. Days		amont St.	
F	emale	White	Si	E. MARRIED. VED, DIVORCED (Specify) ING 10	8. Date of BIRTH Nov.15,188	0 71	II Under 1 Year If Under 24 Hours Min.
worl	doneduring most Salenia			of Business or INDUSTRY child-Kohn	Md.	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		ncis Alexan		epy stone	14. MOTHER'S MAIL	Cosgrove	
1	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEI (If you, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO. NONO	17. INFORMANT	eth Alexander	ADDRESS 1730 Ellamon
RTIFICATION	(This doe heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH If dying, e. I Ins the disease BES F ANY, GIVIN STATING TI	OUE TO	s Vasculo. Tio seliro	disiece	ONSET AND GEATH
CERTIF	TRIBUTIN	II SIGNIFICANT CONDE G TO THE OBATH, BUT DISEASE OR CONDITION	NOT RELATE	EO			4
	19A. DATE	OF OPERATION		FINDINGS OF OPER			20, AUTOPSY?
MEDICA		DENT WAS UNDER- OR CONTRIBUTING TO DEATH	about home,	ACE OF IN URY (e. g., in farm, factory, street, office bldg., e	or PIC WHERE DI	D (If in Baltimore City	, give exact location)
-	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
	22. I herel deceased a		tended the	and that death occur	77,19 red at 1630 Am., 13B. ADDRESS 2921 Sa	to June 3, 195 from the eauses and on	that I last saw the the date stated above. 23C. DATE SIGNED
2. TI	Burial. Burial	CREMA- 248. DATE Specify) 6-6-19			RY OR CREMATORY	240. LOCATION (City! town Baltimore	m, or county) (State)
	ATE RECEIVE DCAL REGIST	D BY REGISTRAR		JRE	25. FUNERAL DIRE		ADDRESS

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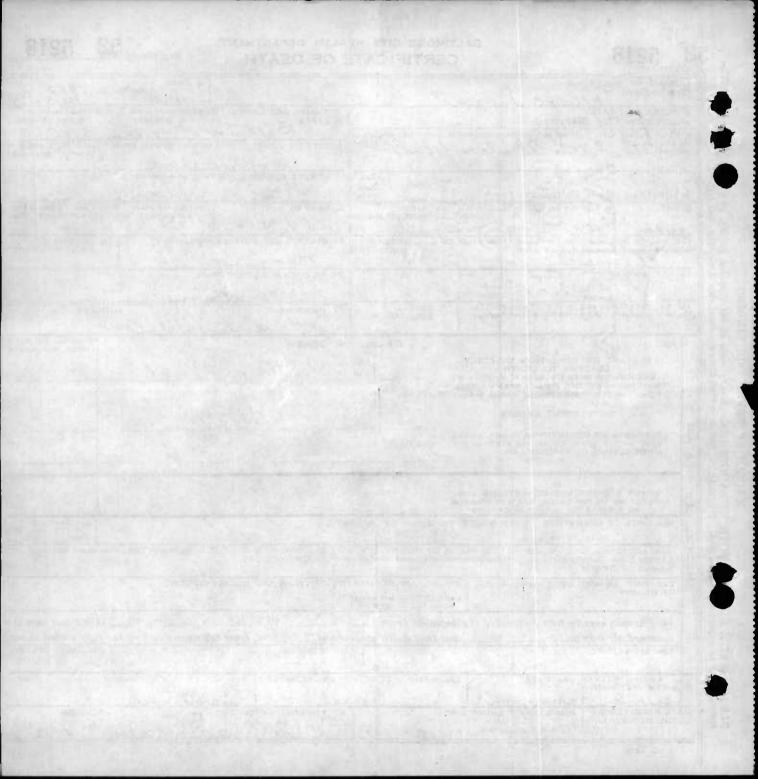
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0	13	30 - 2 2	
1	2	L 5217 BALTIMORE CITY HEALTH DEPARTMENT 52 521	7
The	BI	CERTIFICATE OF DEATH Registered No. Registered No.	
	1. (T	NAME OF DECEASED JOHN RABBIT 2. DATE OF DEATH PUNE / 19	20
Apl		PLACE OF DEATH: Baltimore City, Maryland (Zaiec kowski) 4. USUAL RESIDENCE (Where deceased field If institution: residence and second field in the second field f	
N N	H	FULL NAME OF (If not in hospital of institution, give street address or location) SPITAL OR C. CITY OR TOWN (If outside corporate limits, write WULFAT)	
	3	Verniversity Hospital Yrs. D. STREET ADDRESS (If rural, give location)	bwnship)
legil	c.	Length of stay in Baltimore Mos. 733 S. Linwood A	LVQ
should be c	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 3-15-1892 9. AGE (In years last birthday) Months: Days Hour	der 24 Heurs rs Min.
on shoul		A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN COUNTRY	
IDING information of death cle	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	9.
NG ormatic death	15	alayander blacker of margaret:	
BINDING of inform uses of dea	(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) W. W. I 16. SOCIAL SECURITY NO. 2/3-05-2273 W.S. Rose Rabbit	
		As. 450.1 CAUSE OF DEATH	
E 5.		DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., (A) Multiple emboli. 14d	sys,
RESERVED FINK. Every please write the		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Authoritation	
	Z	ANTECEDENT CAUSES (B) Maria there was a first the same of the same	**************
G INK.	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST.	
ARGIN FADIN sicians:	FIC	° (C)	***********
MARGIN UNFADING Physicians:	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED 3 W	le .
hri	U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTO	PSY7
WITH ortant.	ICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (b. g., in or L. WHERE DID (If in Baltimore City, give exact locating of CONTRIBUTING) about home, farm, factory, street, officially bldg., etc.) INJURY OCCUR?	ion)
n Por	MEDI	CAUSE OF DEATH	
		210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT NOT WHILE	
PL. ecia.		22. I hereby certify that I attended the deceased from May 17, 19 Sto June 1, 19 2, that I last:	saw the
WRITE PL		deceased alive on 1, 19 2, and that death occurred at 10,00 m., from the causes and on the date stated	above.
W.R.		Nober a. more, gr University) toopstat Brine!	1952
ot S		A. BURIAL, CREMA- 248. DATE / 1/24C. NAME OF CEMETERY OR CREMATORY 248. LOCATION (City, town, or county)	(State)
PLEAS	D/ LC	THE RECEIVED BY REGISTRAN'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS) 4
	-	VS 150	st.
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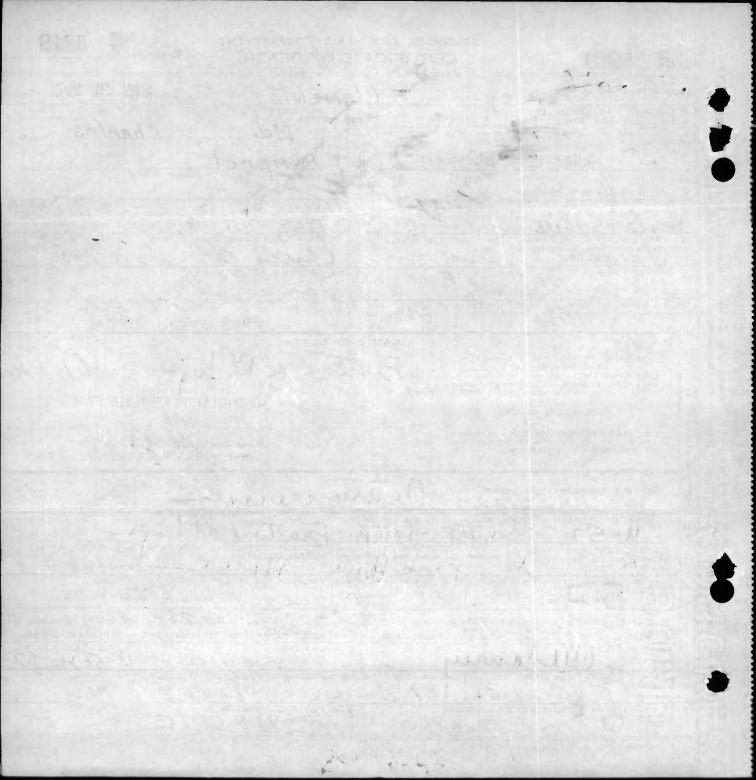


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

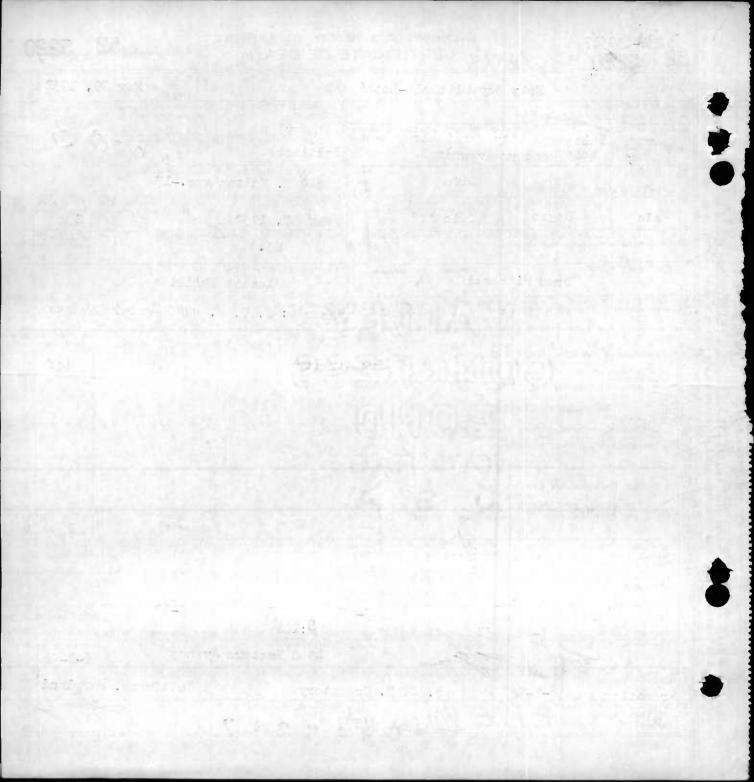
B	2	5218 BALTIMORE CITY HEA		2 5218
The	1.	NAME OF DECEASED	2. DATE June 3	
BINDING of information should be can ally ppicases of death clearly and legibry.	3.	PLACE OF DEATH: Baltimore City, Maryland	DEATH	titution: residence before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR STITUTION Pittle Sisters of the Pour	C. CITY OR TOWN (If outside corporate limits,	vrite RURAL and give
	7	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	9 01
	11=	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years fit und last hirthday) Month	der I Year If Under 24 Hours as Days Hours Min.
	10 worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTRY	gara i) i	2. CITIZEN OF WHAT COUNTRY
	13	B. FATHER'S NAME CORNS.	14. MOTHER'S MAIDEN NAME	
	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? M, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS
R, FOR Every item write the car	CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	rebral Hemorrhage Teno Solorosis	INTERVAL BETWEEN ONSET AND DEATH
PH		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
MARGIN UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
н.		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION	YES NO
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		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT WORK AT WORK		
WRITE PL		22. I hereby certify that I attended the deceased from MC deceased alive on MM 2-, 1959. and that death occurre	red at 450 Pm., from the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 4ML 3 -3.1
	24 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER ON REMOVAL'Specify um 5/52 Cathydr	RY OR CREMATORY 24D. LOCATION (City, town, or	
PLEA	D.		25. FUNERAL DIRECTOR RALA Wildeld 900	Beddle S
		VS 150 57424		



1		med. Exam Case		ALTIL BEDARAM		2 5040
The	В			OF DEATH	Registered	2 5219
F	1.	NAME OF DECEASED Type or Print) Percey	Cle	MANTS	2. DATE OF DEATH MAY	26 1952
Tota	A.	Baltimore City, Maryland		4. USUAL RESIDENCE	CE (Where deceased lived, I B. COUNTY	before admission)
	H	FULL NAME OF (If not in hospital or institution, give st OSPITAL OR ASTITUTION	location)	c. CITY OR TOWN	(If outside corporate limit	res its, write RURAL and give township)
gibry	-	JOHNS HOPKINS HOSPITAL	Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)	
be c		Length of stay in Baltimore SEX 6.COLOR OF RACE 7. SINGLE, MARRIE	Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
ould ar	10	Male white WIDOWED, DIVO DA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUS	>	1869 11. BIRTHPLACE (Stat	: 83	onths Days Hours Min.
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VDING information should be ca	13	avin Climent	2 1341	14 MOTHER'S MAID	EN NAME	
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		18. E 903.0	CAUSE C	F DEATH	INS HOPKINS HOS	INTERVAL BETWEEN
o'o		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., (A)	Frac	time of R	this.	6 weeks
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N RE	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE OUE UNDERLYING CONDITION LAST.		<u> </u>	HE OR ASST. MEDICAL EVAM	M. D.
MARGIN UNFADING Physicians:	TIFIC	11 (7 /	•	
MA UNF Phys	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OBATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	luter	oxlero	sio	
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Ports	EDIC	21A. ACCIDENT WAS UNDER. LYINGS OR CONTRIBUTINGS CAUSE OF DEATH			(If in Baltimore City,	give exact location)
E .	Σ		RY OCCURRE	1 1	JURY OCCUPY	7-1,
PL, ecial		22. I hereby certify that I attended the deceased	from 4-	2 - 1952 t	05-26-,195	2 that I last saw the
WRITE PL		dcceased alive on 3 - 26 -, 1932 and that	death occurr	red at 420 Am., fr	om the causes and on t	
WI	2.	4A. BURIAL, CHEMA. 24B. DATE 24E. NAMI	M. D. E OF CEMETER	Y OR CREMATORY 2	HOPKINS HOSPITA	45-26-52
EA	_	13-28-52 3/	Jose	ph 1	out ret	md
PLEA		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR 1. 18.52 MORENTE	Book	25. FUNERAL DIRECT	5 Wyon	ADDRÈSS
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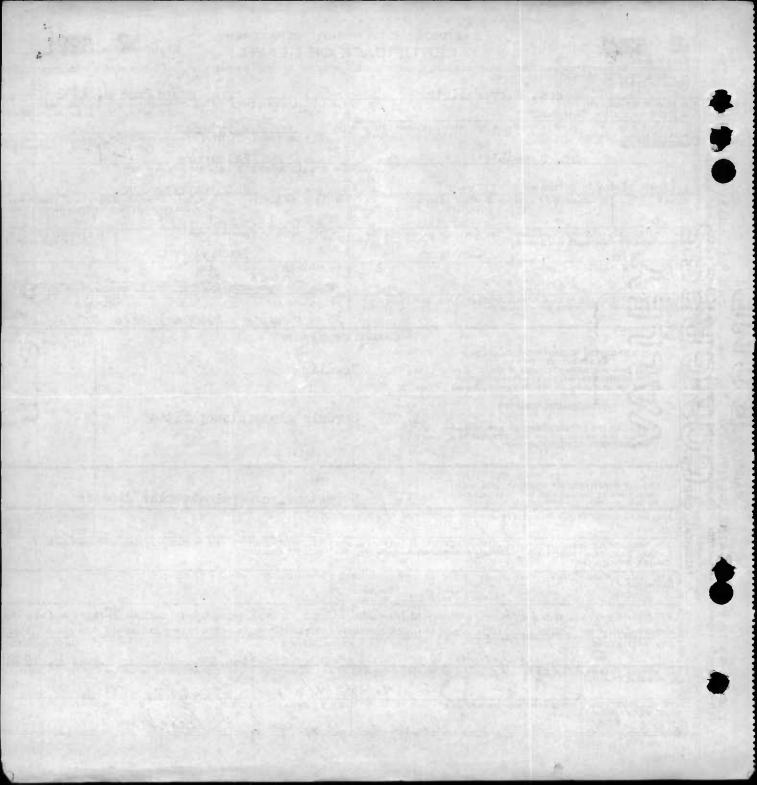


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	NAME OF D	-CEASED		CERTIFICAT	E OF DEATH		No. 5221
	'ype or Print)		TO 7.2			2. DATE OF	1 7000
	PLACE OF D		ary reli	CIA	4. USUAL RESIDENCE (W	here deceased lived.	
		City, Maryland	-1 :		A. STATE	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR CONNECTION			on, give street address or location)	C. CITY OR TOWN (If	outside corporate lim	its, write RERAIT and give township)
-		St. Jose	pnis	Yrs.	D. STREET ADDRESS (If r		
-	Length of s	tay in Baltimore	11	Mos.		,	
_	SEX	6. COLOR OR RACE	7. SINGLE,	Days MARRIED.	8. DATE OF BIRTH	Bayonne Ave	N Under 1 Year If Under 24 Hours
	173	7157		ED, DIVORCED (Specify)	127 14 16 16 16 18		fonths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		ried OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country	I 12. CITIZEN OF
MOL	k done during most	of working life, even if retired)		INDUSTRY			WHAT COUNTRY?
13	HWIE		l Own	home		ylvania	
	RALPH	1 LA MO			14. MOTHER'S MAIDEN NA	ELO 1. KOLO	SA JANJEAN
15 (Ye	. WAS DECEASI	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				SECORITI NO.	MR. FRANK. SI	ACCE - 280	6. BAYONNE De
	heart failu injury or	re, asthenia, etc. It mea complication which o	ins the disease, caused death.l	DUE TO			
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MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY 22. I hereb deceased a	SOR CONDITIONS, IN HE ABOVE CAUSE (A) PING CONDITION LA PING CONDITION LA PING CONDITION LA PING CONDITION DE CONTRIBUTING DEATH (Month) (Day) (Year) We certify that I attained the contribution of the cont	F ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED CAUSING IT. 19B. MAJOR 21B. PLAC about home, fair (Hour) 2 W. tended the connot have a connot have a connot home, fair tended the connot have a connot have a connot home.	FINDINGS OF OPER CE OF INJURY (e. g., if rm, factory, street, office bidg., 1E. INJURY OCCURR HILE AT NOT WHILE AT WORK Receased from May nd that death occur M. D. 1. NAME OF CEMETE	ypertensive cardiceration a or 21c. Where DID (in Injury occur? ED 21f. HOW DID INJURY 20 , 1952, to Jurred at 1:00p m., from the 23b. Address ILOO N. Caroline S. RY OR CREMATORY 24b. LC	ovascular di f in Baltimore City, occur? ne 4 , 19— ne causes and on	20. AUTOPSY? YES NO X give exact location) 52that I last saw the the date stated above. 23c. DATE SIGNED June 1, 1952



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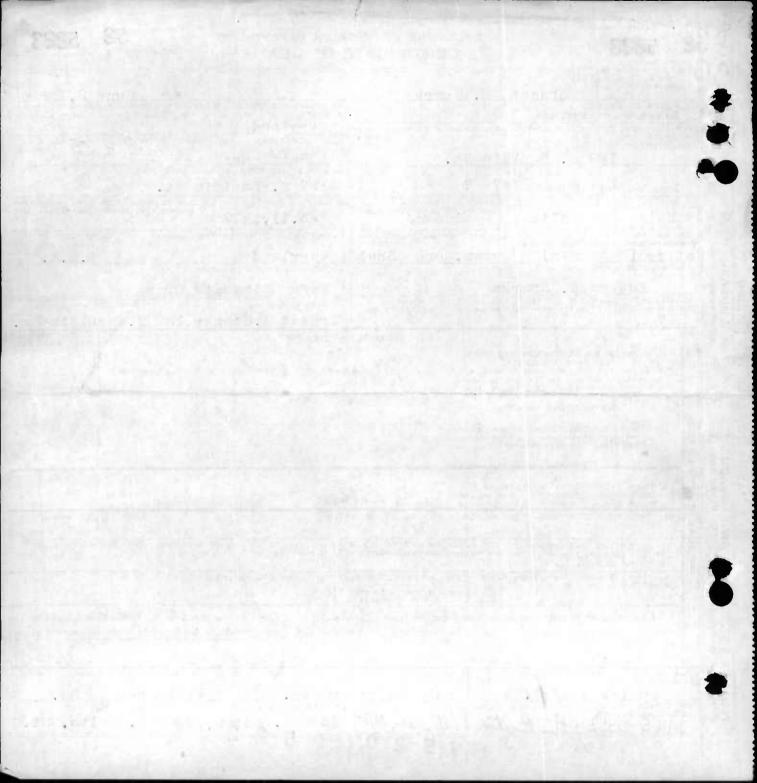
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BALTIMORE CITY HEALTH DEPARTMENT

52 5223

BIRTH NO. CERTIFICAT	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF
Ernest H. Sparks	DEATH June 2.1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address	
HOSPITAL OR location	
127 S. Bouldin St.	Baltimore 26 township)
Yrs	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore ? ? Mos	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
Male White Widowed (Specif	Feb.11,1872 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
etired(Watchman) Crown, Cork &Seal	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward A. Sparks	Mary Elizabeth Clark
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Ernest A.Sparks 127 S. Bouldin St.
18. 443× and 260× CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	entension Carolio - Van . disease
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Mary Mays Par ourses
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
C)	
Ĭ.	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	eles
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	r.,etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHIL	
m. WORK L. AT WORK	A
22. I hereby certify that I attended the deceased from	ine , 193 to June 2 , 1957 that I last saw the
deceased alive on June 1st. 1952 and that death occ	
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
Jorga M. D. Jubero M. D.	1011 N. Marler ST. 6/3/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 6/5/52 Holy Redec	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JUN 5 - 1952 Huntington Vellacus, Mis	John A. Moran 3000 E. Balto. St.



township)

12. CITIZEN OF

WHAT COUNTRY?

DNSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

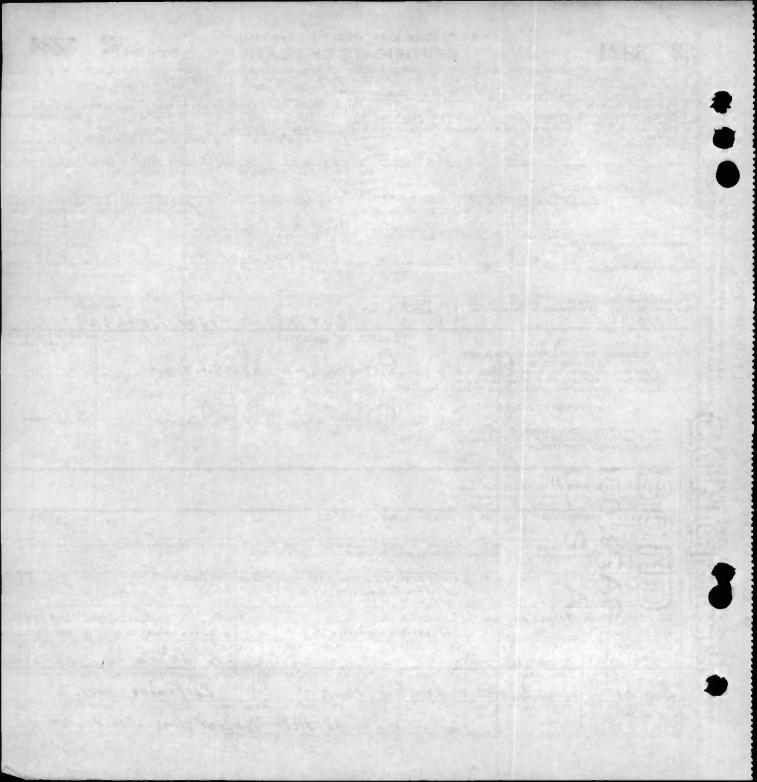
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NO

YES

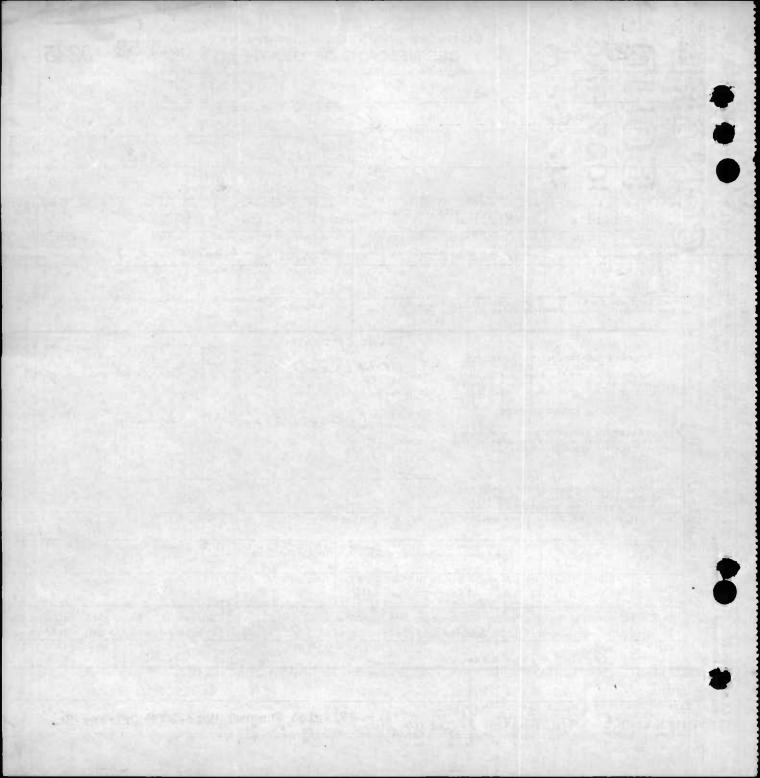
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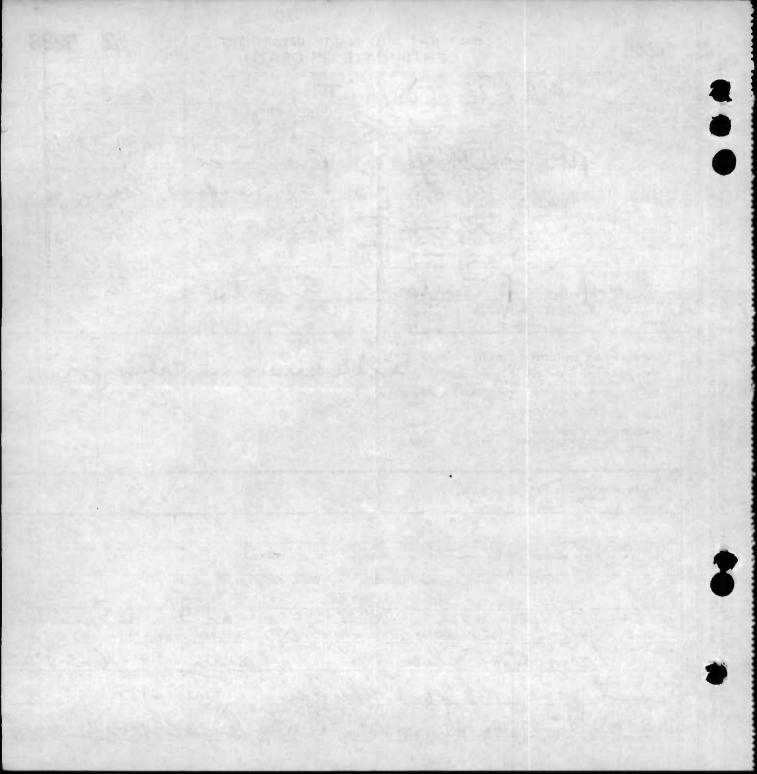


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

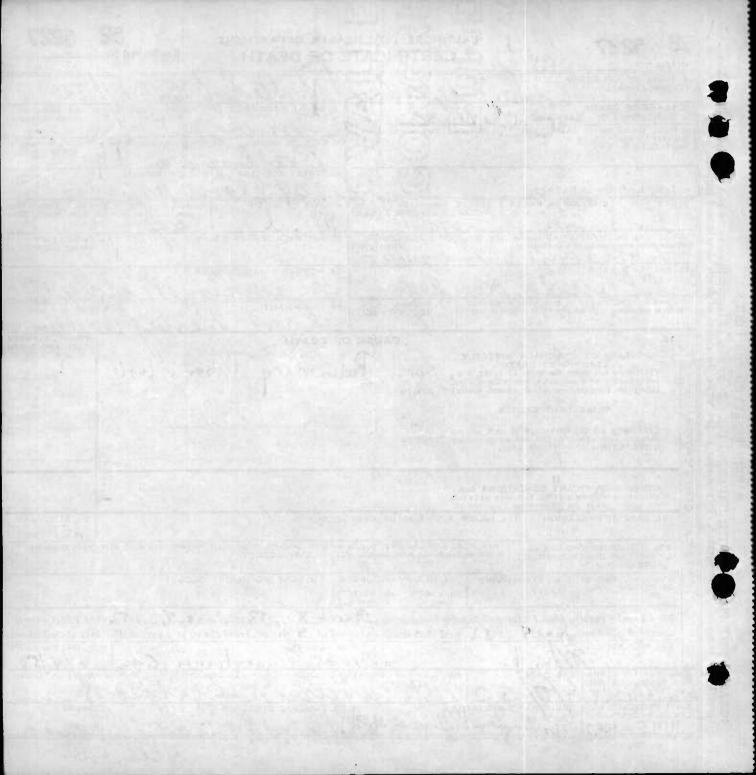
BI	RTH NO.	5		EALTH DEPARTMENT E OF DEATH	Register 5225
	NAME OF E		H. Smith		of DEATH June 2, 1952
Α.	PLACE OF E Baltimore	City, Maryland 6]		A. STATE	Where deceased lived, If institution: residence
H	SPITAL OR	(12.100.11.100.100.11.10	location		f outside corporate limits, write RORAL and giv
c.	Length of	stay in Baltimore	Yrs. Mos. Days	6111 Glen Oa	
-	sex Male	6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	July, 10, 1882	9. AGE (in years H Under I Year H Under 24 Hours Months Days Hours Min.
orl		CCUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (State or Maryland	foreign country) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S			14. MOTHER'S MAIDEN	IAME
		. Smith		Elizabeth ?	
(Ye	, WAS DECEAS , no or nuknown	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	heart fail	LEADING TO DEA's not mean the mode of ure, asthenia, etc. It means to complication which of	of dying, e.g., (A)	weardeal	Degenestro / ip
CERTIFICATION	heart fail injury or DISEASE RISE TO UNDERL OTHER TRIBUTIN	es not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A). YING CONDITION LAST CONDITION LAST CONDITION LAST CONDITION LAST CONDITION C	of dying, e.g., Ins the disease, caused death.) BES F ANY, GIVING STATING THE AST. (C) ITIONS CON- NOT RELATEO	ranchit.	Degenentin / ips
CERTIFICATION	heart fail injury or DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE	es not mean the mode of ure, asthenia, etc. It mes complication which of anti-complication which of anti-complication which of anti-complication which of the above cause (a). YING CONDITION LAST CONDITION LAST CONDITION TO THE OBTATH, BUT DISEASE OR CONDITION TO THE OBTATH, BUT DISEASE OR CONDITION	of dying, e.g., Ins the disease, caused death.) BES F ANY, GIVING STATING THE AST. (C) ITIONS CON- NOT RELATEO	ranchita	Degenentino / spr Christon 5 sps
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DICAL CERTIFICATI	DISEASE RISE TO UNDERL TRIBUTIN TO THE TO THE TO THE TO THE TO THE TOTAL TOT	es not mean the mode of ure, asthenia, etc. It means the mode of complication which of anticolors and complication which of anticolors are complication which of the above cause (A). The above cause (A) and complication of the operation of operation of operation of operation (Specify) (Month) (Day) (Year,	of dying, e.g., Ins the disease, caused death.) DUE TO BES FANY, GIVING STATING THE UE TO ON CAUSING IT. 9B. MAJOR FINDINGS OF OPEI 21B. PLACE OF INJURY (e.g., shout home, farm, factory, street, office bldg.	in or 21c. WHERE DID (NJURY OCCUR?)	YES NO [(If in Baltimore City, give exact location)
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EDICAL CERTIFICATION	DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE 19A. DATE 21A. ACCID HOMICIDE 21D. TIME OF INJURY	Sor Conditions, is the above cause (A). ANTECEDENT CAUSES OR CONDITIONS, is the above cause (A). YING CONDITION L. SIGNIFICANT CONDITION CONDITION CONDITION (A) FOR TO THE OEATH, BUT DISEASE OR CONDITION (Specify) (Month) (Day) (Year). By certify that I attalive on the live o	results of dying, e.g., (A) Insthe disease, caused death.) DUE TO DUE TO SES FANY, GIVING STATING THE DUE TO AST. (C) ITIONS CON- NOT RELATEO NOT RELATEO NOT RELATEO NOT RELATEO NOT ALL TO SES 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg. (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE MORK THE MORK AT WORK 19 5 and that death occur 19 5 and that death occur	in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJUF	YES NO [If in Baltimore City, give exact location] RY OCCUR? 1957, that I last saw the the causes and on the date stated above.
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5	BI	5775	HEALTH DEPARTMENT 52 5226 TE OF DEATH Registered No.
Barre	(T	NAME OF DECEASED MARIE SM. PLACE OF DEATH:	2. DATE OF DEATH 6-3-52 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
S	B. HC	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address location STITUTION) Location	
be car	-	Length of stay in Baltimore Yrs. Mos Day	507 Sanford Place
ar	10	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Street of Special Special Street of Special Street o	11. ERTHPLACE (State or foreign country) 12. CITIZEN OF
or information shou ises of death clearly		. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
es of de	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (It yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
INK. Every item of in please write the causes	NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH ble collanemia Cresis ?
UNFADING Physicians: p	ERTIFICAT	UNDERLYING CONDITION LAST. (C)	
-	CAL C	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPI	YES NO [
aportant.	·MEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld, CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?
PLA		m. WHILE AT NOT WHILE AT WORK AT WORK	кШ
KRITE PLA is especially		deceased alive on 6-3, 1982 and that death occ	curred at 7:35 Pm., from the causes and on the date stated above. 23c. DATE SIGNED
PLEASE correct	7	AL BURIAL, CREMA- 24B. DATE 24C. NAME OF THE COLUMN ATE RECEIVED BY REGISTRAR'S SIGNATURE	TERY OR CHEMATORY 24D. LOCATION (City, town, or county) (State) Reveal Baltimore ADDRESS
F. CO.		VS 150	Brooks Auggold 1463 M. Carey St



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IN	-	2		BALTIMODE CITY I	IEALTH DEDARWING	- 5	2 5997
	0	2 52%	27		TE OF DEATH	Registered N	
The	В	IRTH NO.		CERTIFICA	IE OF DEATH	Techstered It	-
-	1. (1	NAME OF I	DECEASED	ine Kelly	/ Whittee's	2. DATE OF DEATH 6/4	1/52
Ta.		PLACE OF D	City, Maryland	9290000	4. USUAL RESIDENCE	Where deceased lived, If	
	В.	FULL NAME		tal or institution, give street address		B. COUNTY	before admission
ly (II H	OSPITAL OR		Meation	c. CITY OR TOWN	If outside corporate limits	
		4				north 1	4 township
cs				Yrs. Mos.		f rural, give location)	
oe d	-	Length of s	stay in Baltimore	Day	1994 Per	in are	,
should be		F.	Col	WIDOWED, DIVORCED (Specif	S. DATE OF BIRTH		Under I Year If Under 24 Hours this Days Hours Min.
on shou	1 C	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
		1401	sunfl	Home			WHAT COUNTRY
NDING information of death cl	13	FATHER'S	NAME	1/01.	14. MOTHER'S MAIDEN	NAME OIN	+ /
orn de	16	WAS DECEASE	aude	Kelly	Tranc	es /// M	chell.
BINDIN of inforuses of d	(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	11.00 AD	DRESS
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E ca			SE OR CONDITION		OF DEATH	. //	ONSET AND DEATH
			LEADING TO DEAT	TH	10 00 400	la cons la sie	7
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RESE. INK.	z		ANTECEDENT CAUS	(B)			
RES IN plea	5	RISE TO T	S OR CONDITIONS, IS THE ABOVE CAUSE (A)	F ANY, GIVING STATING THE DUE TO	***************************************	***************************************	4440-
	CA	UNDERL	YING CONDITION LA	AST. (C)			
MARGIN UNFADING Physicians:	FI						
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M UN Phy	CE		TO THE DEATH, BUT				
het.	٦	19A. DATE O	OF OPERATION 1	98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
WITE rtant.	S	21A ACCIE	ENT WAS UNDER-	21B. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City, gi	YES NO NO
Poor	ED	LYING O	R CONTRIBUTING	about home, farm, factory, street, office bldg		(11 in Daitimore City, gr	ve exact location)
- E	Σ		(Month) (Day) (Year)	(Hour) 21E. INJURY OCCUR	RED 21F, HOW DID INJUR	PY OCCUR?	
		OF INJURY		WHILE AT NOT WHIL			
PL		22 I houst		m. WORK AT WORK		1 - 4	
RITE PL		deceased a	live on June 4	ended the deceased from	mmed at 4 0, m from	the annual and and the	that I last saw the
SIT s		23A, SIGNA		, 15th , and that death occu	23B. ADDRESS	the causes and on the	23c. DATE SIGNED
N. I.			101m.	M. D.	1225 Pennsyl	venia Got.	6/4/52
	7/2	A. BURIAL,	Deciso	24C. NAME OF CEMET	ERY OR CREMATORY 240.	LOCATION (City, town, o	r county) (State)
PLEAS	N	Juru	0/18/1/	52/1/Cu	vun u	lacked	It med
PL	LC	TE RECEIVE	RAR 1	SSIGNATURE	25 FUNERAL DIRECTOR	+ 10	ADDRESS
		JUN 5 -	1952 Thinker	grow Vellagues Mis	(Maxx	llod 4/8	Drund.
		VS 150			4 14 4	Will	1
						/ VUC. (LVC.



20. AUTOPSY

before admission)

If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

township)

195 Zhat I last saw the

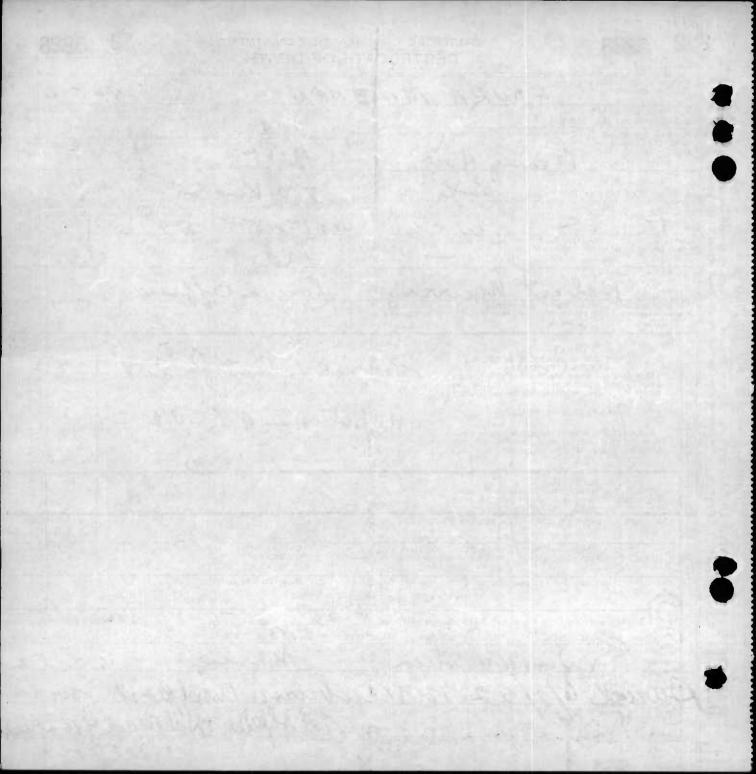
BURIAL CREMA-

23c. DATE SIGNED

LOCAL REGISTRAR

VS 150

N (City, town, or county)



PLEA WRITE PL

1 4	B=	15	6	96
52 BI	RTH	N	32	29
1	NAN	4F	OF	DEC

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5229 gistered No.

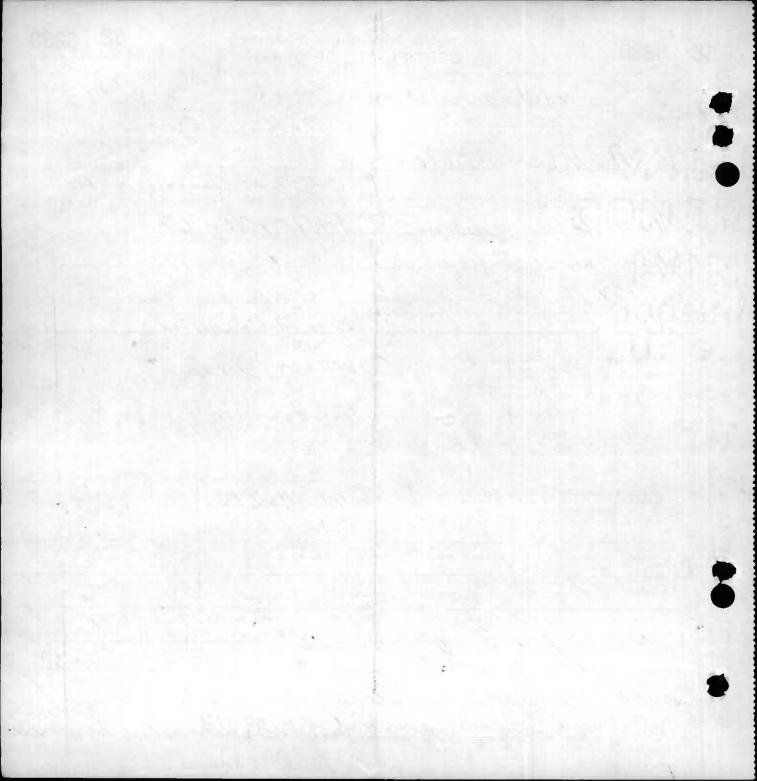
BIRTH NO. 1. NAME OF DECEASED (Type or Print)	James Turner		2. DATE OF Ju	ne 3-1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (NA. STATE Maryland	DEATH	
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION BALLIMOTE CIT	al or institution, give street address or location) ty Hospitals Ave.		11 /	s, wite RURAL and give township)
c. Length of stay in Baltimore	15yrs. Yrs. Mos. Days	526 Oxford St.		zone 2
5. SEX 6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years)	f Under I Year If Under 24 Hours onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Shelly (Shell)	lby) Turner	14. MOTHER'S MAIDEN N	Jackson	
15. WAS DECEASED EVER IN U. S. ARMED (Yee, no or unknown) (If yes, give war or dates	FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANBaltimo Records: 4940 E	re City Hospi astern Ave.	trel as
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21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.,		If in Baltimore City,	
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
22. I hereby certify that I atto deceased alive on 6-3-	, 19_ 52 . and that death occur			
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Bural 6/7/	S 3 MY COURS SIGNATURE	25 FUNERAL DIRECTOR	adar/	ADDRESS QUE
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ADDRESS INTERVAL BETWEEN ONSET AND DEATH YES give exact location) 52 that I last saw the the date stated above. 23c. DATE SIGNED REGISTRATES SIGNATURE

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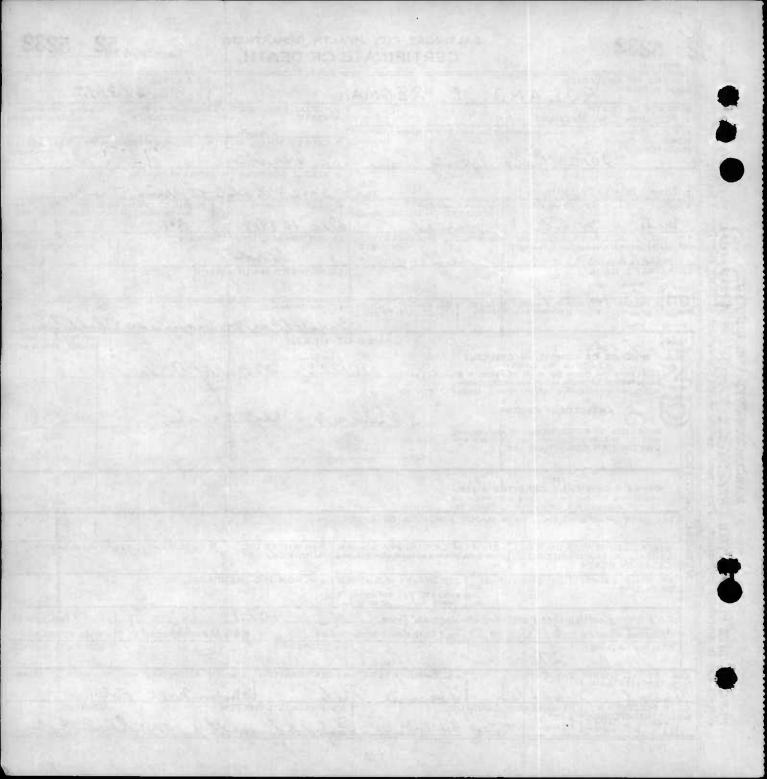


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(T	NAME OF DE ype or Print)	Ambrose Woo	oden			2. DATE OF DEATH 6-	4-52	
B. HC	B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) A 100 Lastern Ave.				4. USUAL RESIDENCE (Where deceased lived, If institution: res B. COUNTY before a Maryland C. CITY OR TOWN (If outside corporate limits, write INTRAI		admission	
		ay in Baltimore	lif	Yrs. Mos. Days)	
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work	Laborer	CUPATION (Give kind of working life, even If retired)	10в. KIND	OF BUSINESS OR INDUSTR	Va.		12. CITIZEN C	
13	James	AME			14. MOTHER'S MAIDEN	NAME		
15 (Yes	, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	Records—Baltimo	ore City Hosp	itals	
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52	5232 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 2 5232			5232		
В	CERTIFICATE OF DEATH Registered No.					
	NAME OF DECEASED Type or Print) ROLAND	E. REDMA	IN	2. DATE OF 6/3/3	12	
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (WEA. STATE	nere deceased lived. If instit B. COUNTY	ution : residence before admission)	
H	OSPITAL OR	institution, give street address or location)		utside corporate limits, wri	te RURAL and give	
-	2012Wbald	yering Lang Yrs.	D. STREET ADDRESS (If re	ural, give location)	- (do namp)	
	Length of stay in Baltimore	Mos. Days	3012 Whald.	Spring La	e	
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ERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAL	RELATED				
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	deceased alive on 6/3, 19		erred at Aus om., from the	e causes and on the do	ite stated above.	
	23A. SIGNATURE STORAGE	м. р.	846W-367 S	7.	C. DATE SIGNED	
TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE	D & 24b. LO	CATION (City, town, or eo	unty) (State)	
D	ATE RECEIVED BY REGISTRAR'S S	GNATURE	25. FUNERAL DIRECTOR	ADE	DRESS	
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	5234 CERTIFICA	HEALTH DEPARTMENT TE OF DEATH Registered No			
	. NAME OF DECEASED Type or Print) Mrs. Ada Litsinger Bac	kus 2. DATE OF DEATH June 3, 1952			
	B. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: reside			
E	FULL NAME OF (If not in hospital or institution, give street address location NSTITUTION	or Maryland c. CITY OR TOWN (If outside corporate limits, write) RURALL at			
1	3519 Roland Avenue	Baltimore B. STREET ADDRESS (If rural, give location)			
	:. Length of stay in Baltimore Life Mo Da	3519 Roland Avenue			
8,	Female White 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spec	B. DATE OF BIRTH 9. AGE (In years II Under I Year last birthday) Dec. 8, 1881 9. AGE (In years II Under I Year Hours 70			
1 wo	OA. USUAL OCCUPATION (Givekindof rk done during most of working life, even if retired) At Hone	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COU			
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Unicom James Mitchell Litsinger	Watercomment Mary Ann			
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (of no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO	Mrs. Kathryn B. Gill 3519 Roland Ave			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSI (A)	conary Occlusion 1 h			
FICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	conany Heart Sline 74			
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED				
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	ERATION 20. AUTOF			
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, street, office block	g., an or 21C. WHERE DID (If in Baltimore City, give exact location ig., etc.) INJURY OCCUR?			
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	22. I hereby certify that I attended the deceased from	319 5 that I last so			

Cedar Hill

20. AUTOPSY YES ive exact location) that I last saw the - r.m., from the causes and on the date stated above. and that death occurred at DATE SIGNED BURIAL CREMA-REMOVAL (Specify) 240. LOCATION (City, town, or 24c. NAME OF CEMETERY OR CREMATORY

REGISTRAR VS 150

Burial

DATE RECEIVED BY

June 6, 1952

REGISTRAR'S SIGNATURE

PLEA!

Burgea Funeral Home Durgee

25. FUNERAL DIRECTOR

Anne Arundel

5234

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Co. Maryland

3631 Falls Road

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Hours Min.

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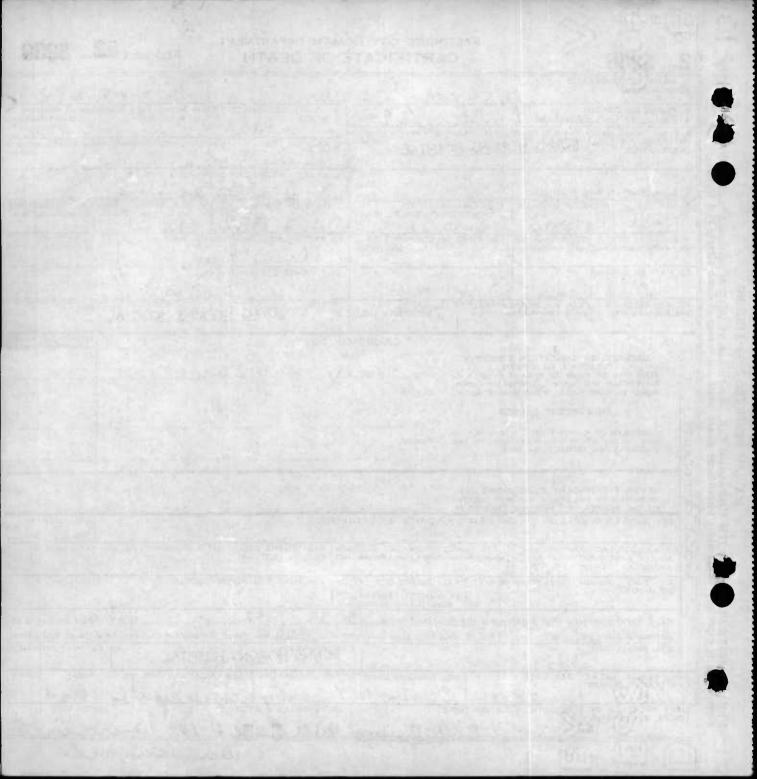
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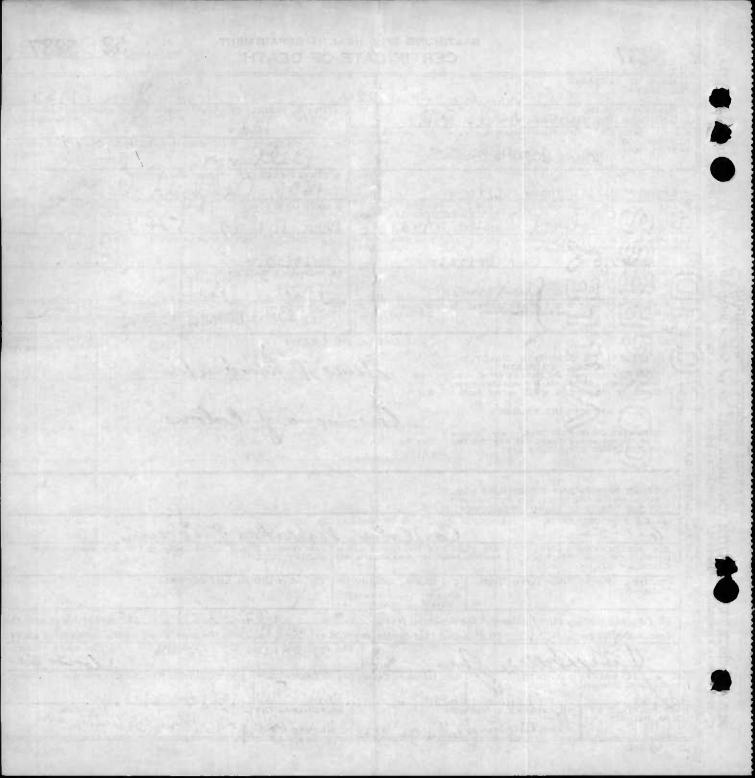
400		BALTIMORE CITY HE		Registered No.	5235
BIRTH NO.	3	CERTIFICATI	E OF DEATH	registered no.	
1. NAME OF D (Type or Print)		RANCES UHL		of June	3, 1952
Baltimore	City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If inst	itution : residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institution, give street address or location)	Maryland c. city or town Baltimore	outside corporate mits, w	
c. Length of	stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	eural, give location) 29th Street	
5. SEX female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH Jan. 6, 1886	9. AGE (in years last birthday) Month	s Days Hours Min.
IOA. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or for Baltimore, Man	reign country) 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NA		
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(Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yos, give war or date		Mr. John Uhl,	1904 East 2	
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ZIA. ACCIL	R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
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DATE RECEIVE	D BY REGISTRAR	s GIGNATURE MIT	25. FUNERAL DIRECTOR	Al	DDRESS

Dr. Saylor 5902 Greenmount Ave. 6:30 to 8 RESERVED

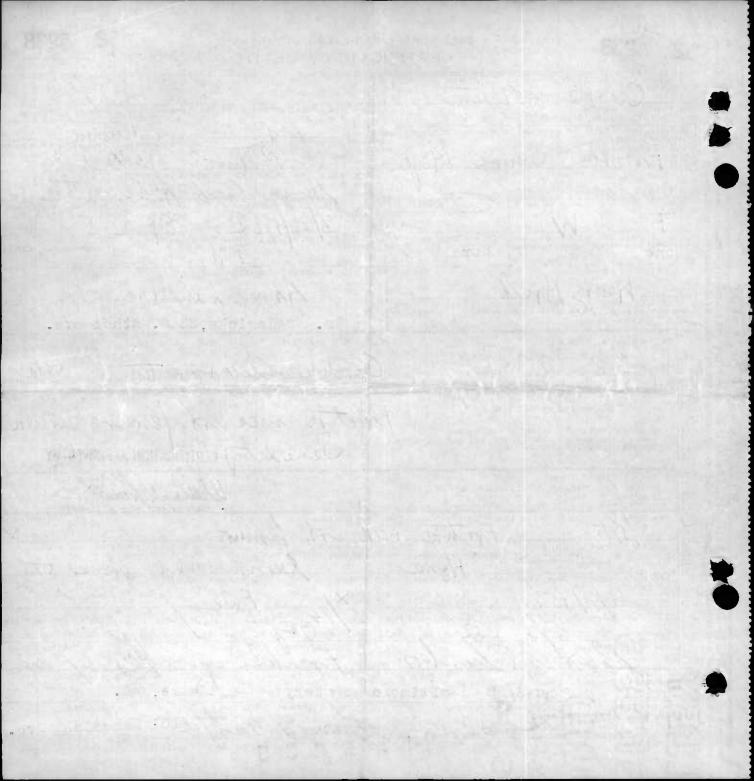


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iply		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WI		itution: residence before admission)
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RIT is e				OSPITAL 2	3c. DATE SIGNED
₹ e	2.	4A. SUNIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D 10	CATION (City, town, or	G-2-52 county) (State)
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived It institution: residence a STATE B. COUNTY before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MANON HOSPITAL OR location) (If outside corporate limits, write RUBAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF (In years If linder | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. clearly 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, oo or uoknowo) (Ilyes, give war or dates of service) 16. SOCIAL (Yes, oo or uoknowo) SECURITY NO. Sr. Fredericka 22 S. Athol Ave. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CHIEF OR ASS MEDICAL EXAMINER U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH mo 21D. TIME (Month) (Day) (Year) (Hour) 2 E. INJURY OCCURRED 21 HOW DID INJURY OF INJURY WORK 22. I hereby eertify that Vattended the deceased from 195 L-to 19 L that I last saw the Land that death occurred at 723 deceased alive on_ 19 20 2 m., from the causes and out the date stated above. 23A. SIGNATURE 23B. 23c. DATE SIGNED 24A. BURTAL. CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Bal'timore. June 6/52 Baltimore Cemetery Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS Edmondson VS 150 N820.0

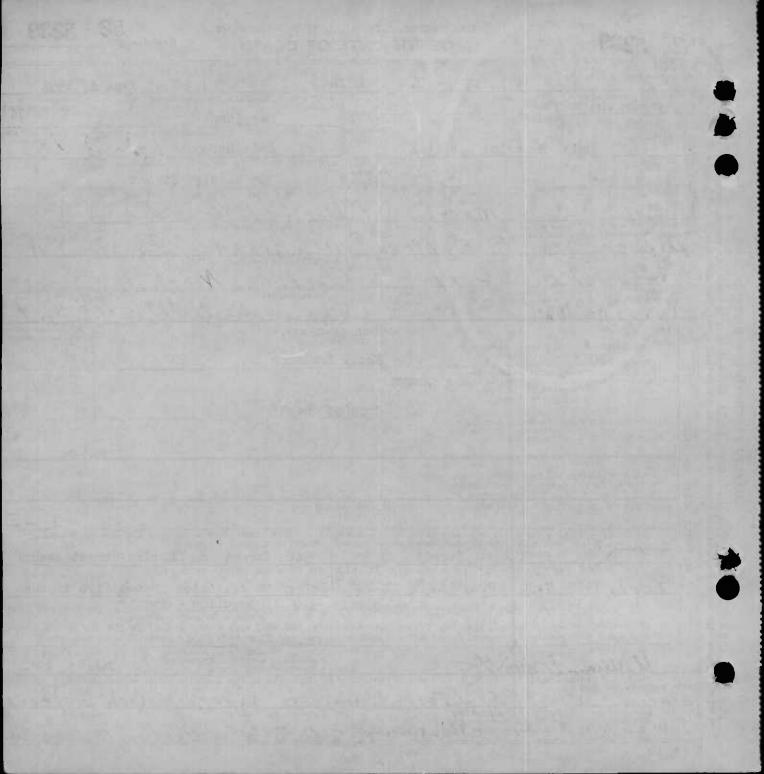


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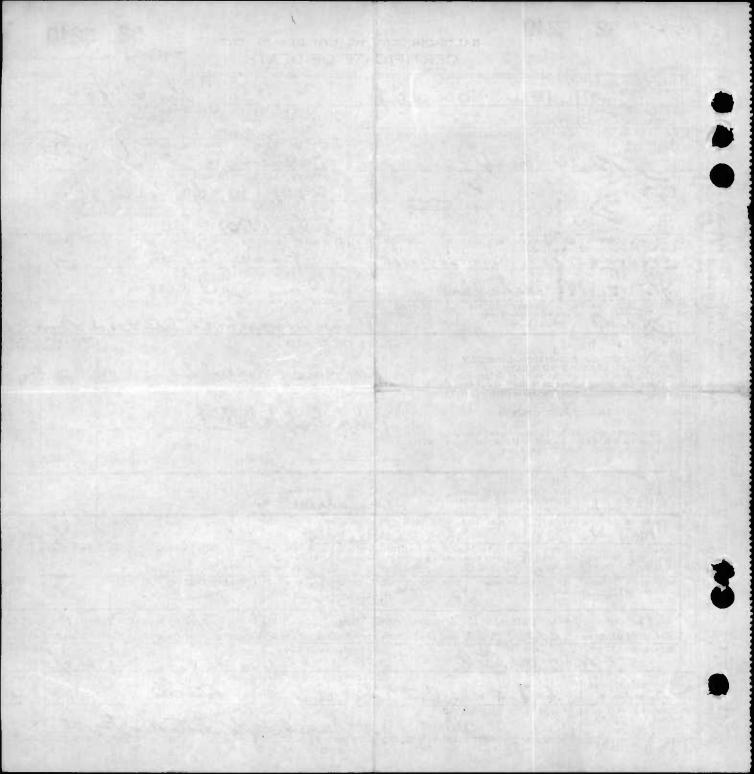
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20. AUTOPSY



132452 52 5240 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No .__ BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF HOWARD, E DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate fimits, write RUKAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stav in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) 22 1901 50 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 1Y. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTR WHAT COUNTRY? information s of death cle CONFECTIONERY STOREK EEPER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, poor un rough) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or un mowh) SECURITY NO 1-7301600 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACC DENT WAS UNDER 21B. PLACE OF INJURY (e. g., in or i 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK may 1 195 that I last saw the 22. I hereby certify that I attended the deceased from_ 1140m., from the causes and on the date stated above. 19 5 2 and that death occurred at_ deceased alive on. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Species) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 1/24D, LOC WTION (City, town, or county) DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



45 52
BIRTH NO.
1. NAME OF DI (Type or Print)
A. Baltimore C
B. FULL NAME HOSPITAL OR INSTITUTION

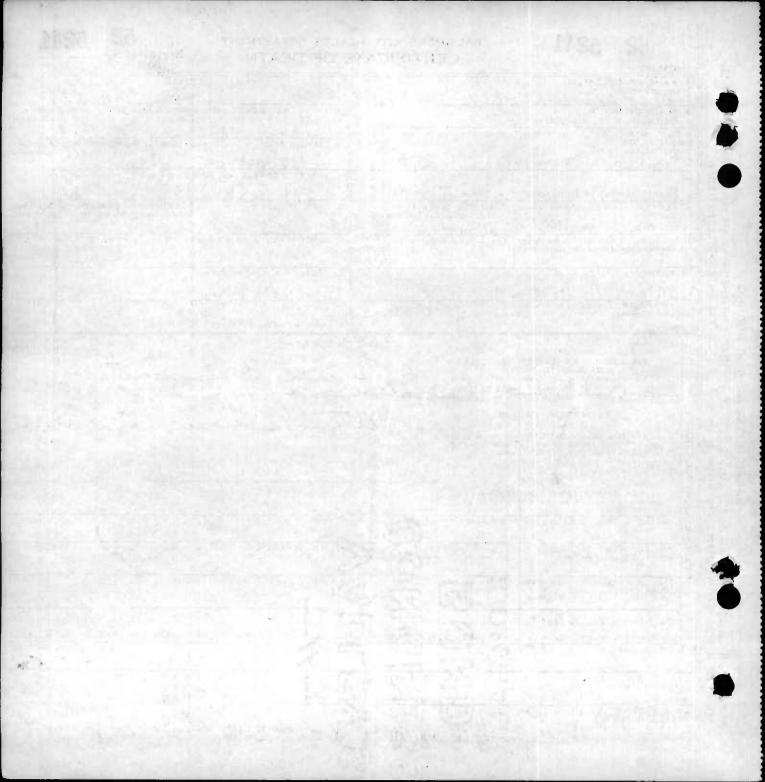
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5241

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No. 5241

1	BII	RTH NO.	- OF BEATH						
		NAME OF DECEASED	2. DATE OF / ./						
		Elizabeth rester mullin	DEATH 0-4	-52					
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institute A. STATE B. COUNTY	itution: residence before admission)					
	В. І	FULL NAME OF (If not in hospital or institution, give street address or	mary land	1					
		SPITAL OR location location	C. CITY OR TOWN (If outside corpor te inter-	rite WAL and give township)					
		Tenking memorial Hospital	Baltimore	townsmp)					
	40	Yrs.	D. STREET ADDRESS (If rural, give location)						
	c.	Length of stay in Baltimore Life Time Mos. Days	1501 Park Ave.						
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years It Under last birthday) Months	I Year Il Under 24 Hours					
		Female White single	3-23-1874 75 Nrs.	Days Hours Min.					
	10	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR		CITIZEN OF					
	W 61 K	done during most of working life, even if retired) INDUSTRY	7	WHAT COUNTRY?					
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, , , ,					
		michael A. mullin	Tosephine C.						
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDR	a Fee					
	(Yes	no or nnknown) (If yes, give war or dates of service) SECURITY NO.	the telle, Reines	7.33					
	T	18 199 G		INTERVAL BETWEEN					
		O. T.	OF DEATH	ONSET AND DEATH					
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
		injury or complication which caused death.) DUE TO							
		ANTECEDENT CAUSES							
	S	DISEASES OR CONDITIONS, IF ANY, GIVING	enge biones (Sen	eralized					
	RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		2					
	O								
	L	(C)							
	2	OTHER SIGNIFICANT CONDITIONS CON-							
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	_1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?					
	OA	21a. ACCIDENT, SUICIDE, 21b. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give	YES NO 4					
I	EDICAL	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e		exact location;					
1	Σ	W II D W II D CONTROL	A LIANT BUR IN HUBY A COURT						
		21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	ED 21F. HOW DID INJURY OCCUR?						
		m. WHILE AT NOT WHILE AT WORK							
		22. I hereby certify that I attended the deceased from		hat I last saw the					
4		deceased alive on 4/4, 1952, and that death occur	red at 5 /Pm., from the causes and on the o	late stated above.					
		23A. SIGNATURE 2	3B. ADBRESS	3c. DATE SIGNED					
		John 6/ Ealy MID.	Hankens lem!	0/5/08					
	24 TH	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		country (State)					
	(2	unace of 6/02 athers	e tel turened	1-1-					
	DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS					
	1	JN 5 - 1332 4	V- V-7-119.10 1/1-1-119.1	X d = - 4.1.					



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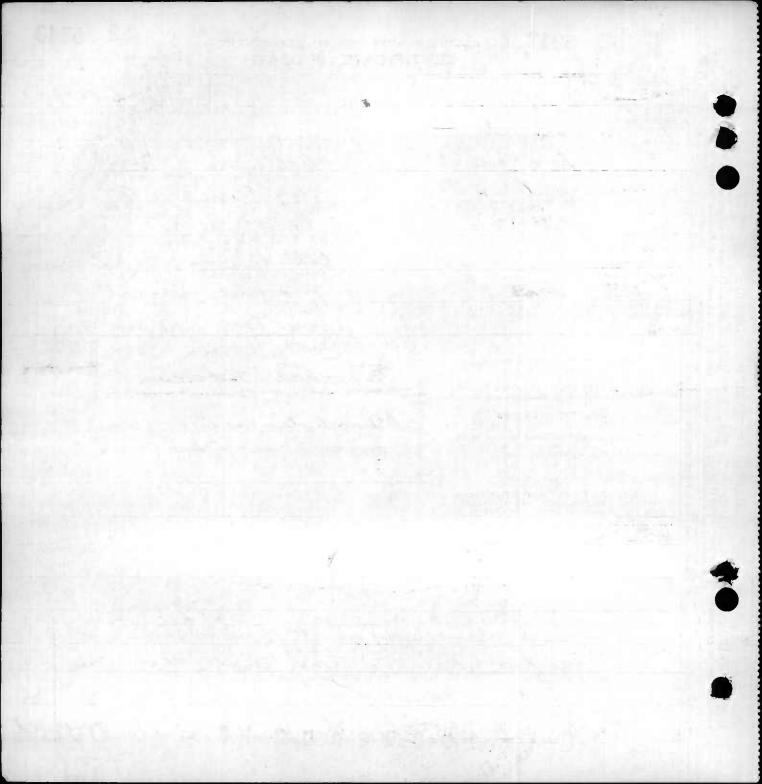
BI	52 RTH NO.	5242			EALTH DEPARTMENT E OF DEATH	Registered No.	5242
1. (T	NAME OF E	Anna Cathe	rine Te	abo		2. DATE OF DEATH June	2, 1952
B. HC	PLACE OF E Baltimore (FULL NAME OSPITAL OR STITUTION	City, Maryland B	ıl or institutio	on, give street address or location)	4. USUAL RESIDENCE (WA. STATE Maryland c. CITY OR TOWN (If Baltimore	here deceased lived. If ins B. COUNTY outside corporate limit.	before admission)
	Length of	stay in Baltimore	7 SINGLE	life Yrs. Mos. Days	2508 E. Fayette	e St. Zone 24	er 1 Year 11 Under 24 Hours
F	emale	White	Wid	ED, DIVORCED (Specify) OWEd	Feb.11,1871	last birthday) Month	B Days Hours Min.
13 15	Housew Father's	NAME	Edw.Rey	nond noustry nolds 16. social security No.	Baltimore, Mary Months Mary Months Margaret Telemont	Md.	RESS ette St.
CERTIFICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEAT on the mode of the property of	'H f dying, e. g. ns the disease aused death. ES FANY, GIVING STATING TH	(A) Cerebra	of DEATH al Hemorrhage ic Nephritis tension- Secondar, alized Arterisclo	y to Mephritis	INTERVAL BETWEEN ONSET AND DEATH
CERT	TRIBUTIN TO THE D	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	·			
EDICAL	21A. ACCII	DENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	n or 21c, WHERE DID (I	f in Baltimore City, give	20. AUTOPSY? YES NO 2
M		(Month) (Day) (Year)		PAGE AT WORK AT WORK			
24 Tit		CREMA- 24B. DATE	19.52 d	m, D.	rred at 7:45Pm., from the BB. ADDRESS 1400 N. Carolin RY OR CREMATORY 24D. LO	he causes and on the e St., #13 OCATION (City, town, or	June 2,1952
Line	Buria	ED BY REGISTRAR		Holy Redeem	25 FUNERAL DIRECTOR	riffens 20	14 Coles

	2	5	V52	5243
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BALTIMORE CITY HEALTH DEPARTMENT

52	5243

BIRTH	NO.	CERTIFICATI	E OF DEATH	aregistered 1	0		
	or Print) Bersh	E. Hissain	5	2. DATE OF DEATH June	47952		
3. PLA	CE OF DEATH: timore City, Maryland	00	4. USUAL RESIDENCE (W		nstitution; residence		
		al or institution, give street address or	2	B. COUNTY	before admission		
HOSPI	TAL OR TUTION	location)	c. CITY OR TOWN (If	outside corporate limits			
441		General Hosp.	Restina	10	townshi		
1 1	0	Yrs.	D. STREET ADDRESS (If	rural, give location)			
c. Len	igth of stay in Baltimore	/2 -Mon-	3029 Prem	Tenen &	<i>-</i> .		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year Il Under 24 Hourshiths: Days Hours; Min		
70	male While	wilowed (Specify)	2-7-1880	7 2	iths Days Hours Mil		
OA. U	SUAL OCCUPATION (Givekind of	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF		
rk done	during most of working life, even if retired)	INDUSTRY	RAPT	4.0	WHAT COUNTRY		
3. FA	THER'S NAME	HOME	14. MOTHER'S MAIDEN NA	AME	murican		
1	mile: , p	- P	margaret-	~	,		
5. WA	S DECEASED EVER IN II S ARMEI	FORCEST 16. SOCIAL	17. INFORMANT				
	S DECEASED EVER IN U.S. ARME or unknown) (If yee, give war or date				DRESS		
	No	NONE	MISS HARY E. JONES	2218 BANK			
18.	420.1	CAUSE	OF DEATH		ONSET AND DEA		
	DISEASE OR CONDITION						
	(This does not mean the mode	of dying, e.g., (A)	ocardial in	Larelin			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
7	ANTECEDENT CAUSES (B) Isteriorchesolic cardio-viscular						
5	DISEASES OR CONDITIONS, I	F ANY, GIVING					
	UNDERLYING CONDITION L		me à cardiac	Decomplicant	in		
2							
	11	(C)		***************************************			
	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT						
	TO THE DISEASE OR CONDITION						
1 19/	A. DATE OF OPERATION	98, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
5					YES NO		
	A. ACCIDENT, SUICIDE, MICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, g	ive exact location)		
된							
210	D. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?			
0	114301(1	m. WHILE AT NOT WHILE					
22	I handha agusifa shad I at	tended the deceased from	- 20 10 52 40	6 - U 105	that I last sam t		
		_, 19 <u>52</u> , and that death occur					
	A. SIGNATURE		38. ADDRESS	te causes and on th	23c. DATE SIGNE		
	Sie o			1 Han.	94 1010		
244		24c. NAME OF GEMETE	RY OR CREMATORY 240 0	OCATION (City, town,	(State		
TION, R	EMOVAL (Specify		= 0		Journey) (State		
	BURIAL 6-7.5.			DLAWN, MD.			
	RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS		
INF	5 + 1952 H	+ WHO OUD	Home 7.2 Testers	29 Sones. Inc.	Delto md		
7	VS 150	A LACTOR AND A COLOR	1 3/				
	6						



Unknown

(Yes, no or nnknown)

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EALTH DEPARTMENT E OF DEATH			5244
	2. DATE OF DEATH Jun	e 4, 1	952
A. STATE Md. C. CITY OR TOWN (If a Beltimore)	here deceased lived, If B. GOUNTY outside corporate [mi	institution bef	
8. DATE OF BIRTH Aug. 28, 1886			
		USA	ZEN OF
14. MOTHER'S MAIDEN NA Unknown	ME		
17. INFORMANT Miss Dorothea M			re.
ebral efe yocardites w. Webrit	flefy to		T AND DEATH
	4. USUAL RESIDENCE (WA. STATE Md. C. CITY OR TOWN (If Beltimore D. STREET ADDRESS (If 2740 Pennsylv 8. DATE OF BIRTH Aug. 28, 1886 11. BIRTHPLACE (State or for Coatesville P 14. MOTHER'S MAIDEN NA Unknown 17. INFORMANT MISS DOTOTHER M OF DEATH COST OF DE	A. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY Md. C. CITY OR TOWN (If outside corporate May Baltimore D. STREET ADDRESS (If rural, give location) 2740 Pennsylvania Ave. 8. DATE OF BIRTH 9. AGE (In years last birthday) M. 65 11. BIRTHPLACE (State or foreign country) Coatesville Pa. 14. MOTHER'S MAIDEN NAME Unknown 17. INFORMANT A. Miss Dorothea Mentzer 2740 OF DEATH CLASSING A. M.	A. USUAL RESIDENCE (Where deceased lived, If institution A. STATE Md. C. CITY OR TOWN (If outside corporate mits, writed) Baltimore D. STREET ADDRESS (If rural, give location) 2740 Pennsylvania Ave. 8. DATE OF BIRTH Aug. 28, 1886 11. BIRTHPLACE (State or foreign country) Coatesville Pa. 14. MOTHER'S MAIDEN NAME Unknown 17. INFORMANT Miss Dorothea Mentzer 2740 Pa. Av. OF DEATH Conservations Address Address Address Miss Dorothea Mentzer 2740 Pa. Av. OF DEATH Conservations Address Interections Address Addres

ANTECEDENT CAUSES

15, WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

> DUE TO (C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

EDWARD S. MENTZER

7. SINGLE, MARRIED

Gas Station

WIDOWED, DIVORCED (Speci Tidowed

16. SOCIAL

DUE TO

SECURITY NO

10B. KIND OF BUSINESS OR

21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

WORK

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT

22. I heroby certifo that I attempted the deceased from Civily 1952 deceased alive on. 234 SIGNATURE

and that death occurred at 3

19 57, that I last saw the m. from the causes and on the date stated above. 23c, DATE SIGNED 6/51 52

24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B. DATE /52

24c. NAME OF CEMETERY OR CREMATO

(City, town, or county)

(State)

20. AUTOPSY

Burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

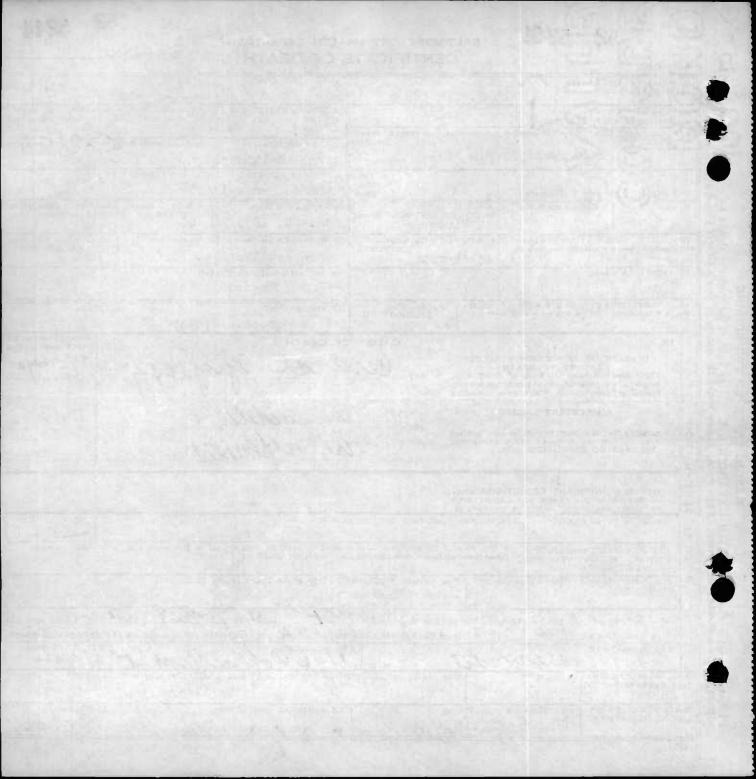
25 FUNERAL DIRECTOR

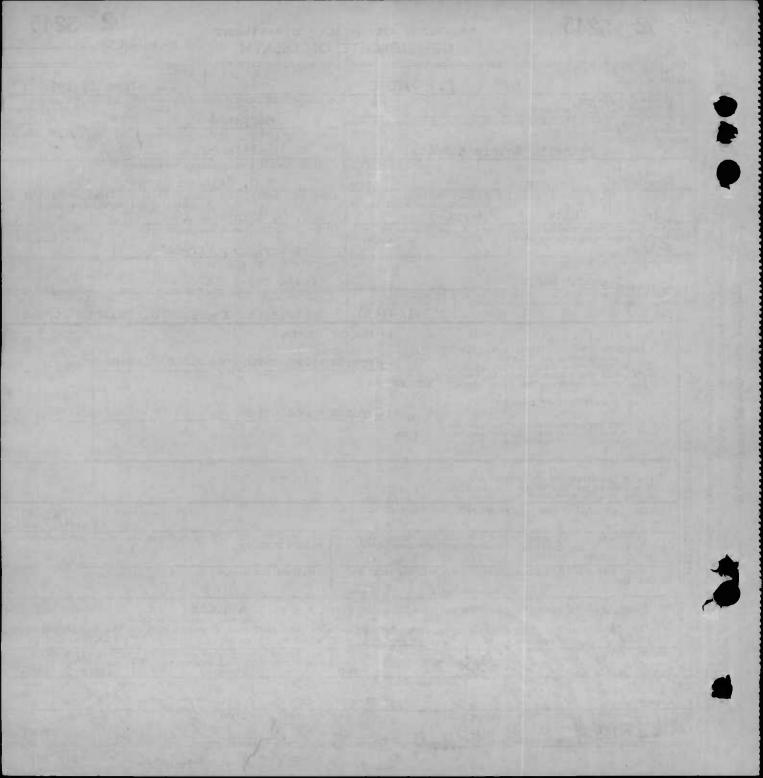
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ADDRESS

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Mt. Olivet





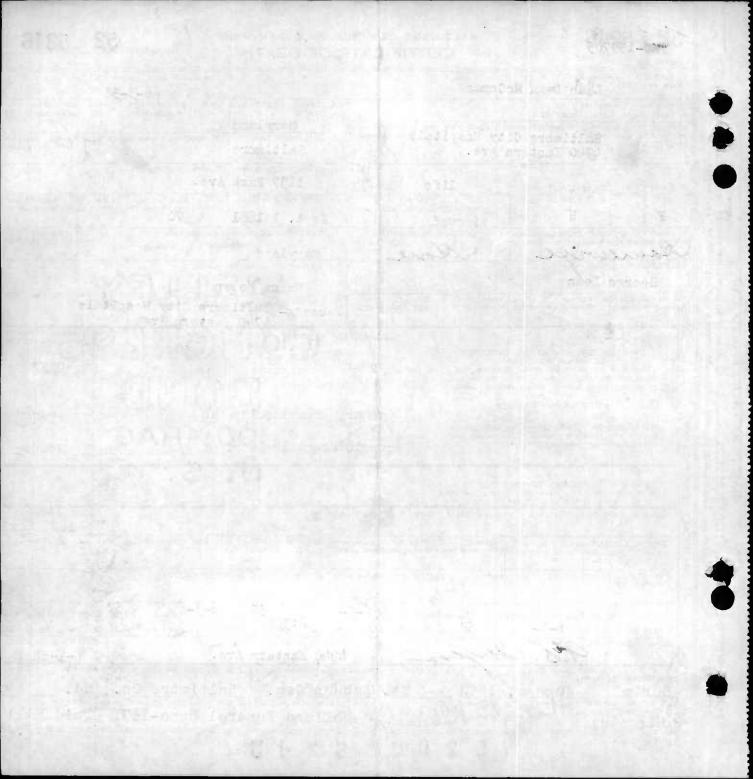
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52 5246

BIRTH N	10. TJA (0	,		CERTIF	ICATE	E OF DEAT	Н	Registere	d N6	013-10
1. NAME (Type or	OF DECE	eah Dean M	cComes					2. DATE OF DEATH 6-3	-52	
	more City	H: , Maryland		Bar il 1		4. USUAL RESID	ENCE (Where deceased lived.	If institut	tion : residence before admission
B. FULL HOSPITA INSTITU		(If not in hospi altimore C 940 Easter	ity Hos	tion, give street a	address or location)	c. CITY OR TOW Baltim	N (1	outside corporate li	dits, vrin	RUB L and giv township
	th of stay	in Baltimore		life	Yrs. Mos. Days	D. STREET ADDR		rural, give location)		
5. SEX	6.0	N RACE		e, married, ved, divorce wed	D (Specify)	Sept. ? 1		9. AGE (In years last birthday)	H Under Y Months D	Year If Under 24 Hours Days Hours Min
ork done du	ring most of wo	PATION (Give kind of rking life, even if retired	10B. KINI	Nove IN	S OR DUSTRY	Maryland		oreign country)		TIZEN OF COUNTRY
Ge	er's NAM	ean				14. MOTHER'S M.		AME		
15. WAS Yes, no or u	DECEASED E	VER IN U.S. ARME If yes, give war or date	D FORCES?	16. SOCIAL SECURIT	TY NO.	17. INFORMANTA	ltimo	re City Hos	pical	s
18. /	18. 420.0 CAUSE OF DEATH									TERVAL BETWEE
(T	LE his does not art failure, s	OR CONDITION ADING TO DEA t mean the mode asthenia, etc. It mean application which	TH of dying, e. ans the diseas	se,	ronar	y Thrombosi	S			days
z	ANTECEDENT CAUSES (B) Coronary Arteriosclerati						Lc		years	
RIS	E TO THE	R CONDITIONS, I ABOVE CAUSE (A) G CONDITION L	STATING T	HE DUE TO	rterio	scleratic h	eart o	lisease		years
∐ TR	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED									
_				FINDINGS C	F OPER	ATION				20. AUTOPSY?
O LYIN	ACCIDENT	WAS UNDER- ONTRIBUTING	218. PL. about home,	ACE OF INJUR farm, factory, street,	Y (e. g., in office bldg.,e	or 21c. WHERE	DID (If in Baltimore City		
	IOM) AMIT	nth) (Day) (Year) (Hour)		NOT WHILE	21F. HOW DI	NJUR.	Y OCCUR?		
22. I	22. I hereby certify that I attended the deceased from 6-2- 6-3- 1952, to 6-3- 1952, that I last saw th									
	ased alive	on 6-3-	, 19 52	and that dea		red at 6:30A m	., from t	he causes and on		e stated abov
		4.8.0	2000	-22_	M. D.	4940 Easter				6-3-52
TION, REM	RIAL, CREI	fy)	1050			RY OR CREMATORY			,	
DATE RE	CEIVED B	June 6	5 SIGNATI	IDE	1	urn Cem. 25. FUNERAL DII Colland Fu	RECTOR	Ltimore Co	ADDE	DESS
2011	2 - 193	41	1	· mams	Mil	CALACIA E C		_ 1101110 110 /		Ave

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MARGIN RESERVED FOR BINDING



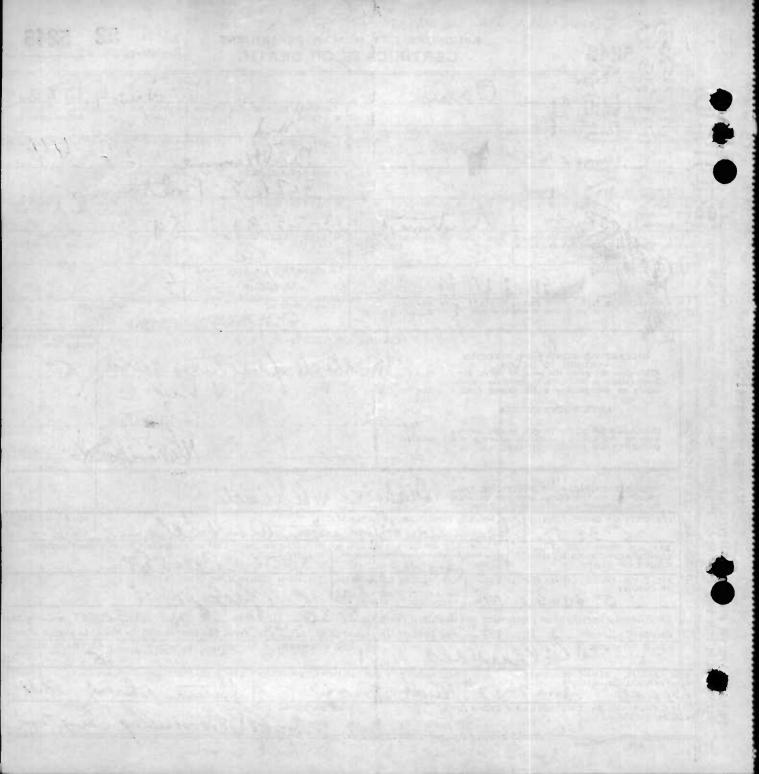
4.5	BALTIMORE CI	ITY HEALTH DEPARTM	ENT 50	FOAT
2 5247	CERTIFI	CATE OF DEATH	Registered N	2. 5247
1. NAME OF DECEASED	Offer 1	71/10	2. DATE	1
(Type or Print)	William &	Yohnont.	OF DEATH WAY	11/4-50
3. PLACE OF DEATH	- Commery		CE (Where decyased lived, It	institution; residence
B. FULL NAME OF (If not in hospital of	o curumas	VOU A STATE	BCOUNTY	Defore admissi
HOSPITAL OR		location) c. CITY OR TOWN	(If outside corporate limits	, write RURAL and
INSTITUTION	home	73	altimore	townsh
	revitte	Yrs. D. STREET ADDRES	S (If rural, give location)	10
c. Length of stay in Baltimore	fek	Mos. Days 25/0 (5	MILMALIN	
5. SEX 6. COLOR PRACE 7.	SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	Under Year H Under 24 Honths: Days Hours: M
Male White	Maurio	PULL-77-18	184 /4 -	iths Days Hours M
19A. USUAL OCCUPATION (Give kind of 10 ork done during most of working life, even if retired)		S OR 11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF
Reliver Sh	reh Railion	101 1-301/es	MAN MIN.	WHATCOUNTI
13. FAMER'S NAME DRIVE	2	14. MOTHER'S MAIL	DEN NAME	7
I MIE SILA	nouh-	annal. To	MILLIAN!	
15. WAS DECEASED VER IN U. S. ARMED FO Yes, no or unknown) (If yes, give war or dates of		17, INFORMANT	AE AE	DDRESS
NO NO	SECURIT 2/6-00-6	WARDEN BARROL	101 Wo has end - 1217	6)250180111
18. 1600.1	1 61	AUSE OF DEATH	The state of the s	INTERVAL BETWEE
DISEASE OR CONDITION DIR	RECTLY		/ //	ONSET AND DE
(This does not mean the mode of d	ying, e. g., (A) (monay Til	mbosie	6 Mos
heart failure, asthenia, etc. It means t injury or complication which caus	the disease,			
ANTECEDENT CAUSES				
z	(B)			
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	ATING THE DUE TO			
UNDERLYING CONDITION LAST.				
I.				
OTHER SIGNIFICANT CONDITIO				
OTHER SIGNIFICANT CONDITION	T DEL 1850			
TRIBUTING TO THE DEATH, BUT NOT		***************************************		
TO THE DISEASE OR CONDITION CA		F OPERATION		20. AUTOPSY
TO THE DISEASE OR CONDITION CA	AUSING IT			YES NO
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	AUSING IT	Y (e. g., in or 21c. WHERE DID		YES NO
TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER.	MAJOR FINDINGS O	Y (e. g., in or 21c. WHERE DID		YES NO
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA. 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	AUSING IT. MAJOR FINDINGS O 21B. PLACE OF INJURY bout home, farm, factory, street, o our) 21E. INJURY C	Y (e. g., in or 21c. WHERE DIE INJURY OCCUR		YES NO
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA. 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ALL CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Ho	AUSING IT. MAJOR FINDINGS O 218. PLACE OF INJUR- bout home, farm, factory, street, o our) 21E. INJURY C WHILE AT N	Y (e. g., in or 21C. WHERE DID		YES NO
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AND READERS AND THE SECOND STATES " Committee - June 18 ast the souther to the if it is the wind to destinate in the William distributed to a large of the fish a total a first of the said of the to out fine for statement to all inch

D-	1	ned Exam Case Released to the	EALTH DEPARTMENT	52	5248
The	-	52 5248 CERTIFICATI		Registered No.	0410
•	(T	NAME OF DECEASED ype or Print) PLACE OF DEATH:		2. DATE OF DEATH	1952
ldd	А.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (W)	B. COUNTY	before admission)
my.		OSPITAL OR INCHIS HOPKINS HOSPITAL	c. CITY OR TOWN (If o	outside corporate limits Wri	te RURAT had give to aship)
calon	c.	Yrs. Mos. Length of stay in Baltimore Days	3.671. 7	ural, give location)	
information should be so of death clearly and l	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 3-25-93	9. AGE (In years li Under last birthday) Months	
	worl	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY
		S. FATHER'S NAME Shellett S. WAS DECEASED EVER YN U. S. ARMED FORCES? 16. SOCIAL	14. MOTHERS MAIDEN NA.	ME Z	
f inf	(Ye	b. WAS DECEASED EVER TN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	:SS
Every item of i		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE (A) (A) DUE TO	tiple fracti		NTERVAL BETWEEN
MAKGIN KESE UNFADING INK. Physicians: please	SICAL CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		William Space	M.D.
UNFA		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION CAUSING IT.	, + Chexity		
WITH ortant.		19A. DATE OF OPERATION 195 MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., c	ACTION ACTION OF 21C. WHERE DID (If	in Baltimore City, give e	YES NO Xact location)
In con	MEDI	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OF YOUR AND THE PROPERTY OF YO	35 26 E /2 ED 21F. HOW DID INJURY	occur?	
PL		22. I hereby certify that I attended the deceased from	-30 ,1987to	1 parcy 5-4, 1957 the	at I last saw the
WRITE P		deceased alive on Co-4, 1952, and that death occur 23A. SIGNATURE		e causes and on the do	te stated above
o o	2.	AA. BURIAL CREMA- 24B. DATE 249 NAME OF CEMETE Sural Specify) June 7-52 Oak day	50	CATION (City, town, or co	
PLEA	12	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR	mully &	RESS mol
JU	N	5 valled To be express. By	med Extra	~, /	

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If Under I Year

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

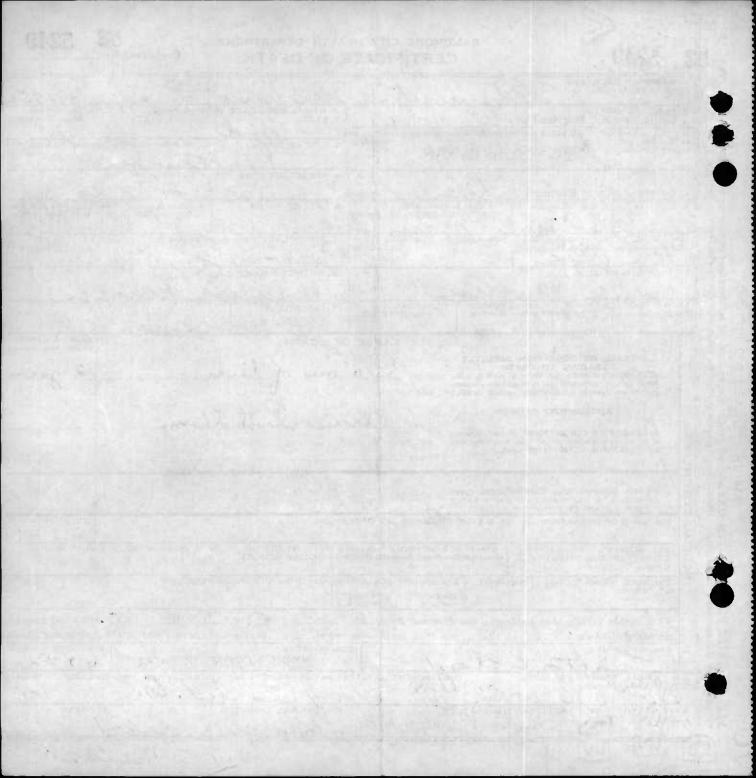
20. AUTOPSY

23c. DATE SIGNED

ADDRESS

(State)

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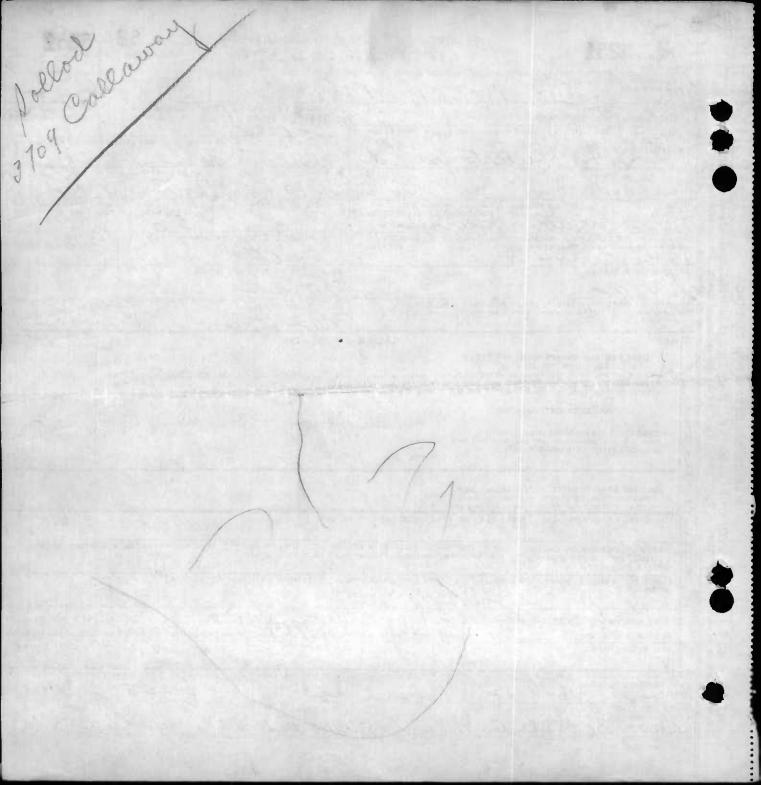


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The	В	1000	EALTH DEPARTMENT E OF DEATH	Registered No. 5250
ation should be caully by	1. (T	NAME OF DECEASED Many Taylor		PATE June 3 1952
	А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	eceased livel. If institution: residence в. COUNTY before admission)
	I Z	OSPITAL OR Incation Incation Incation	Baltimore	e corporate limits, write RJJRAL and give township
		Length of stay in Baltimore 30 4765 Mos. Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED,	1431 E. Prest	give location) GE (In years H Under 1 Year H Under 24 Hours
	-	Parel Charles (Specify) Da. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	1- 1- 1 la	st birthday) Months Days Hours Min.
	wor	Hone during most of working life, over if retired) FATHER'S NAME INDUSTRY	14. MOTHER'S MAIDEN, NAME	12. CITIZEN OF WHAT COUNTRY
		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Sadie ma	edison
of of uses	(Ye		17. INFORMANT HOPKINS	7.00111/15
item item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1 1-1	_
RESERVED INK. Ever please write	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	may melals	~
	AL CERTIFICATI	UNDERLYING CONDITION LAST. (C)		
MARGIN UNFADING Physicians:		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H .		19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
WIT	MEDIC	altimore City, give exact location)		
ally in		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		UR?
WRITE PL		22. I hereby certify that I attended the deceased from deceased alive on 6-3, 19-5- and that death occur	rred at 10.50 m., from the car	, 19 52 that I last saw thuses and on the date stated above
WRI ge is	2	23A. SIGNATURA BURIAL, CREMA: 24B. DATE / 24C. NAME OF CEMETE	B. ADDRE OHNS HOPKINS	HOSPITAL 235. DATE SIGNED ON (City, town, or county) (State)
PLEA		ATE RECEIVED BY REGISTRAR'S SIGNATURE	LYAND FOR A. 25. FUNERAL DIRECTOR	A-W Mid
PL		OCAL REGISTRAR Huntington Williams, Ma	2 Dayner	Sandere)
		10 re abbron &	hed Eyam, 2	1721 Treday 5)

NOT A MEDICAL EXAMINER'S CASE

William Latter M.D.

OHHEF OR ASS'T. MEDICAL EXAMINER



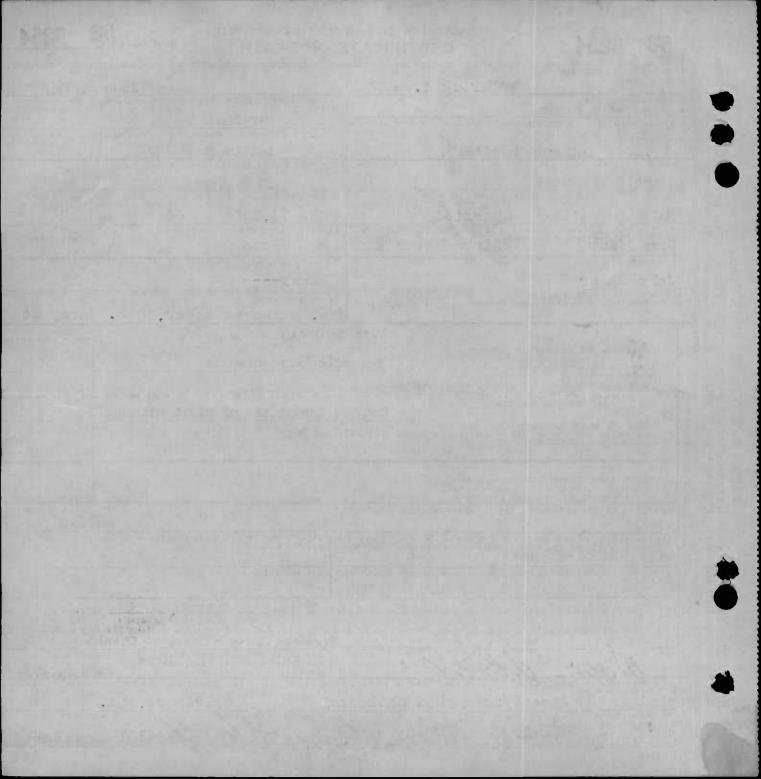
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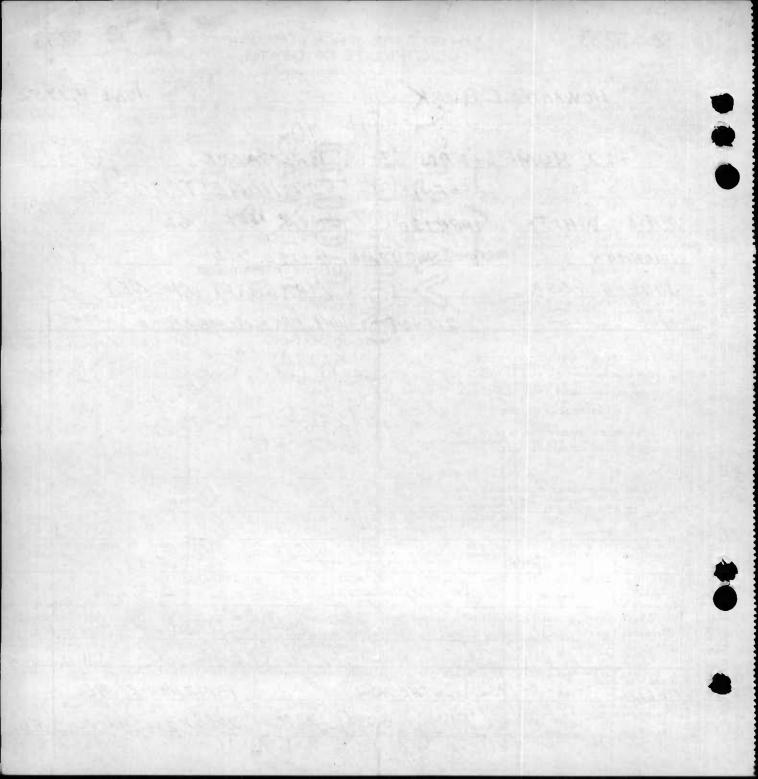
CHARLES VALUE SHILL . M. St. S. ha Lills decree | Swarp north Edward County | Tetros THE PRINCE OF PERSONS AND ASSESSMENT OF THE PERSONS ASSESSMENT OF THE

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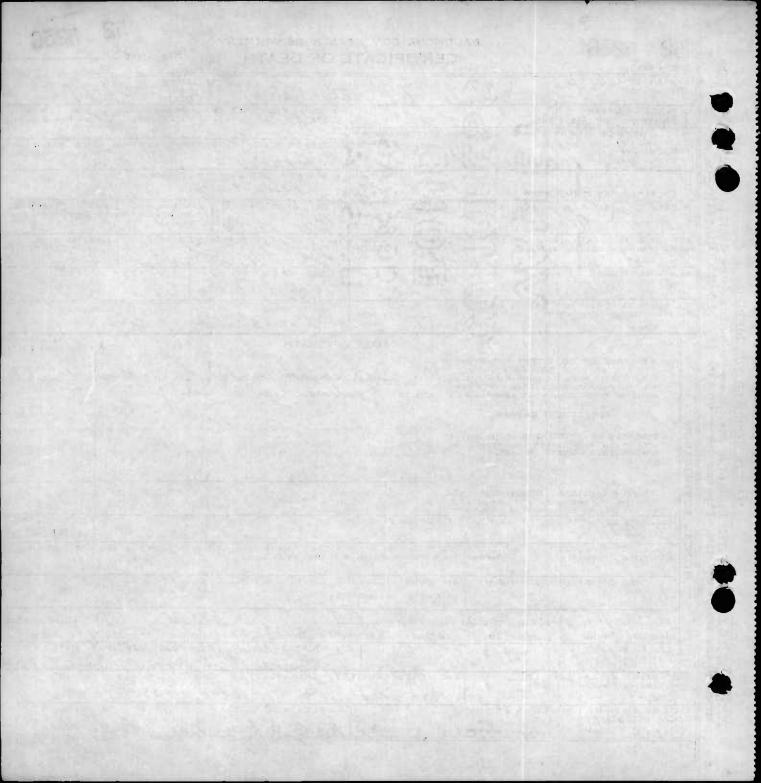


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he	BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

	20	5256
Registered	No_	

	BII	RTH NO.	L OI BLAIII				
	1. (T)	NAME OF DECEASED bype or Print) Alice briging with	ing (mwas 2. DATE OF DEATH 6/5	-152			
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If inst	itution: residence hefore admission)			
	B. I	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OF location		rife RURAL and give			
	IN	The war Meaniel Hatelet	Uptall leaste	township			
0	4	Yrs. Mos.	CHESTNUT HILL	200			
		Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	1/8. DATE OF BIRTH 9. AGE (In years) If Unde	or I Year M Under 24 Hours s: Days Hours: Min.			
	10	PA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	19ce 22-1902 49				
	work	to do	Y 1 - 1 - 2 /	CITIZEN OF WHAT COUNTRY?			
	13	FATHER'S NAME / SSAC J	14. MOTHER'S MAIDEN NAME				
	45	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	SARAH E. BURTON ADDR				
	(Yes	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MR. CLINTON B. CONWAY SAME	(ESS			
			OF DEATH	INTERVAL BETWEEN			
	NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) Spantanian unplant failures (A) Anticommunication with failures (B)					
-	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
	E	II (C)					
	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
* 1	AL	19A DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?			
100	EDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give ,, etc.) INJURY OCCUR?	exact location)			
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	E				
				hat I last saw the			
400		deceased alive on 6/5/5/2, 19, and that death occu	urred at 12:55 fm., from the causes and on the causes and on the	late stated above.			
20 40		Alfred d. Melson M.D.	Baltimore 18 Manyland)	une 5.1952			
20. 0		ON, REMOVAL (Specify)	ERY OR CREMATORY 246. LOCATION (City, town, 4)	county) (State)			
7	-	ATE RECEIVED BY REGISTRAR'S SIGNATURE,		DDRESS			
	-	JUN 6-1934 Huntington Welliams Mix	Mm. D. Bekger Lone Ball	ms.			
		VS 150					



VS 150

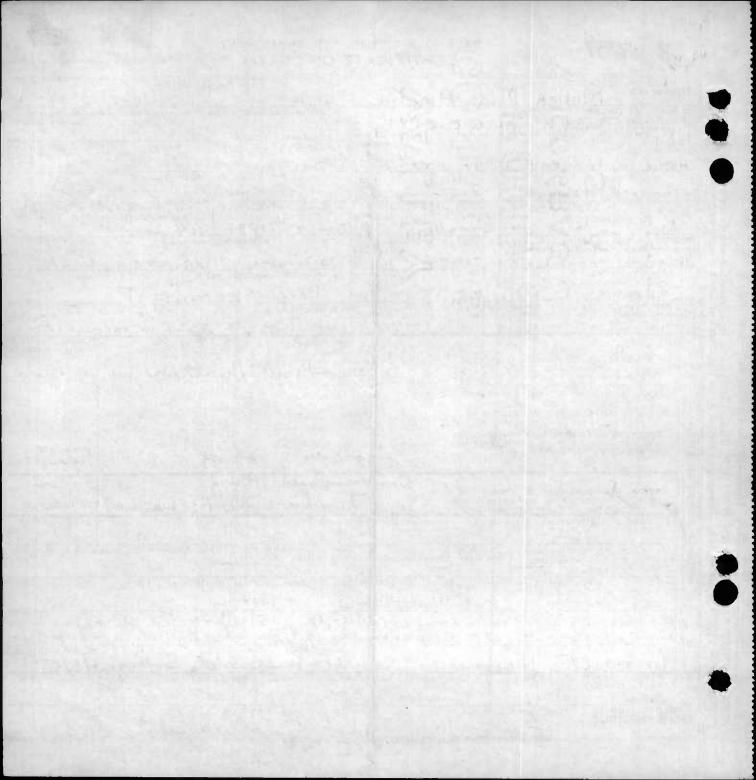
U. SA ADDRESS Codmonder three INTERVAL BETWEEN ONSET AND DEATH (If in Baltimore City, give exact location) , 195 that I last saw the ZAm., from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS

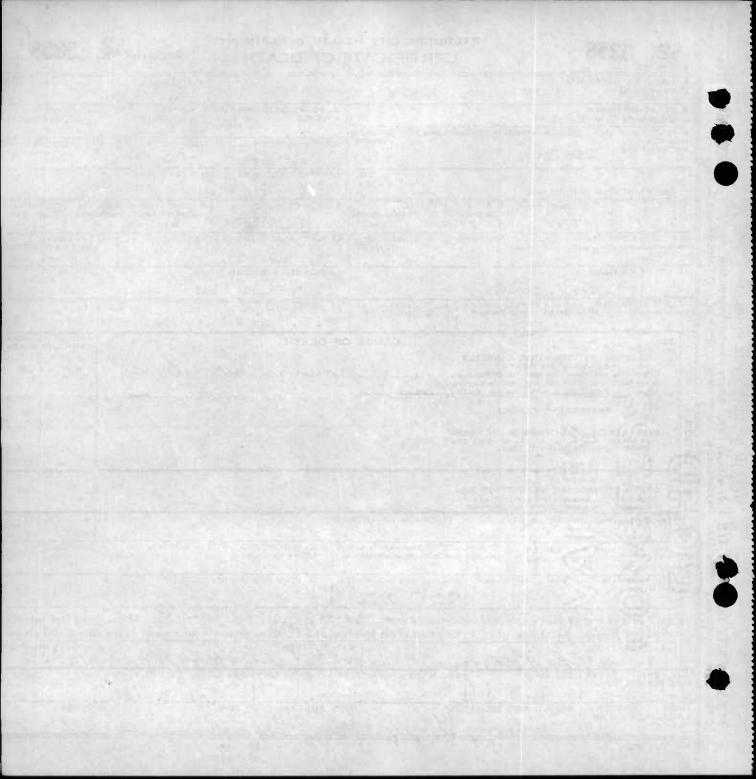
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12. CITIZEN OF

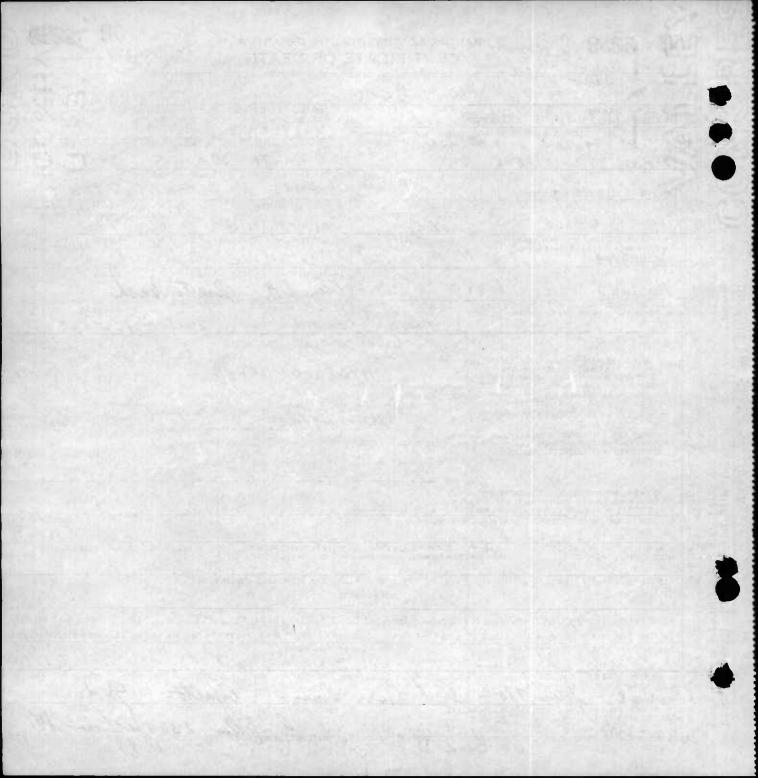
WHAT COUNTRY

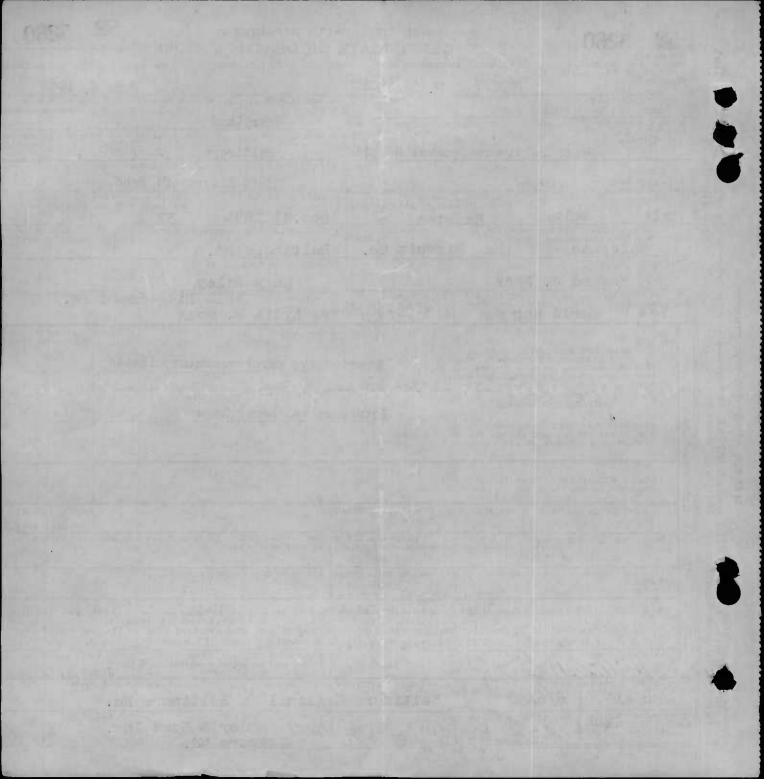


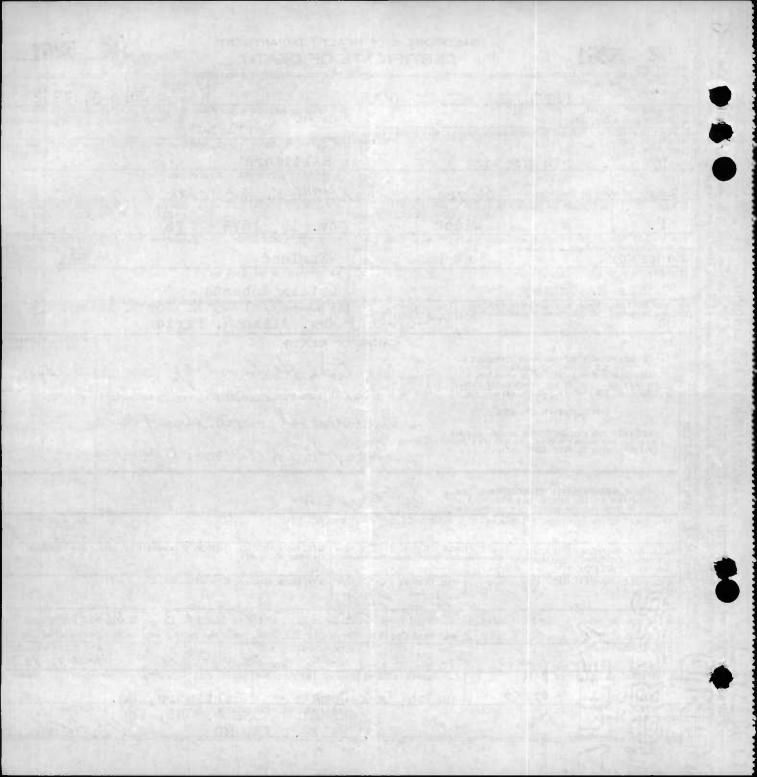


13.	, and a	300			59	F050
The	ВІ	52 5259-23837	BALTIMORE CITY HE CERTIFICATE		Registered No.	5259
-		NAME OF DECEASED JAMES	JOHN BOYD			E 5, 1952
ild	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or	institution, give street address or	4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If inst B. COUNTY	itution : residence before admission)
ly.	IN	OSPITAL OR BETWEEN 2413	Me ELDERRY location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give BALTIM OR & 5 -0 2 township		
cal	C.	Length of stay in Baltimore	7 Yrs. Mos. Days	2413 MC		REET
should be	1	MALE 6. COLOR OR RACE 7.	SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	OCTOBER 12, 1551	9. AGE (In years last birthday) Months	s Days Hours Min.
on sho	10 worl	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	oreign country) 12.	CITIZEN OF WHAT COUNTRY
information shouls of death clearly	13	HOWARD A.	30YD	Elizabeth. B	restenbach	
of info	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FO a, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT FATHER	2413 McELO	
em of		18. 757%	CAUSE	OF DEATH		INTERVAL BETWEEN
Every item write the cau		DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. lt means tinjury or complication which cause	ying, e.g., (A)	DROCEPHALUS		7 MONTH
INK. 1	NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN	(=)	VINCITIS		7MONTHS
UNFADING 1 Physicians: pl	CATI	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.				
AD	TIFIC	II .	(C)			
UNE	CER	OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	RELATED			
1	4L	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		YES NO
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lly 1m	M	21D. TIME (Month) (Day) (Year) (Ho OF INJURY	Dur) 21E. INJURY OCCURRI		Y OCCUR?	
VRITE PL.		22. I hereby certify that I attend	led the deceased from Oct			hat I last saw the
ITE		deceased alive on Line 2, 1		red at M., from t	hc causes and on the c	date stated above.
/RI e is		La temes G. You	eng M.D.	3311 St. Paul	! 8+. 2	uno 5, 1952
AS ect	111	AA. BURIAL, CREMA- ON REMOVAL (Specify) June 7/5	2 Can Jaur	Pur CEMATORY 24D. L	Palto. M.	county) (State)
PLEAS correct	D.	ATE RECEIVED BY REGISTRAR'S S OCAL REGISTRARY IN 6 - 1952	Milliams MJ?	John A. Mille	2334 Jeffe	us Hi
	36	VS 150	÷ 4 0 000	5 2 5 5	011	

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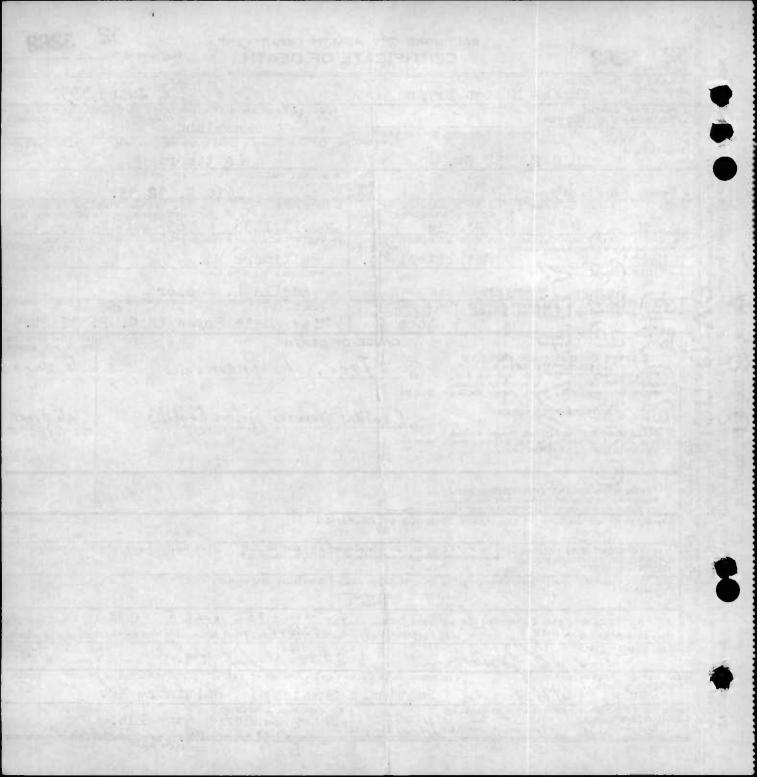


ADDRESS Miss Adele Bryan 1810. E. 32 St. INTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) January 1946 to June 6 , 1952, that I last saw the 1962, and that death occurred at 3. 46 Pm., from the causes and on the date stated above. 234. DATE SIGNED ADDRESS LOCAL REGISTRAP Sander & Sons Henry VS 150

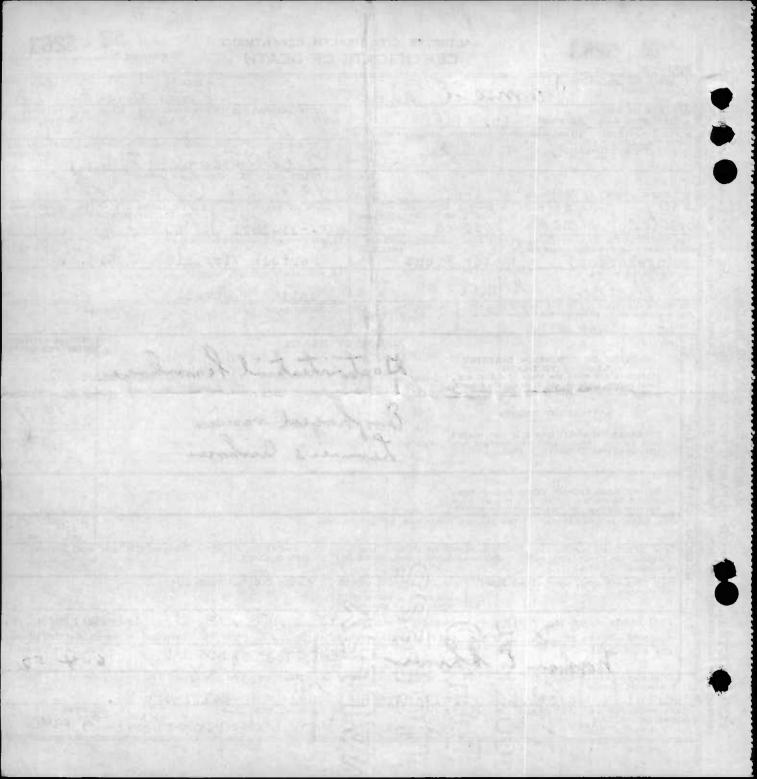
before admission)

12. CITIZEN OF

WHAT COUNTRY!

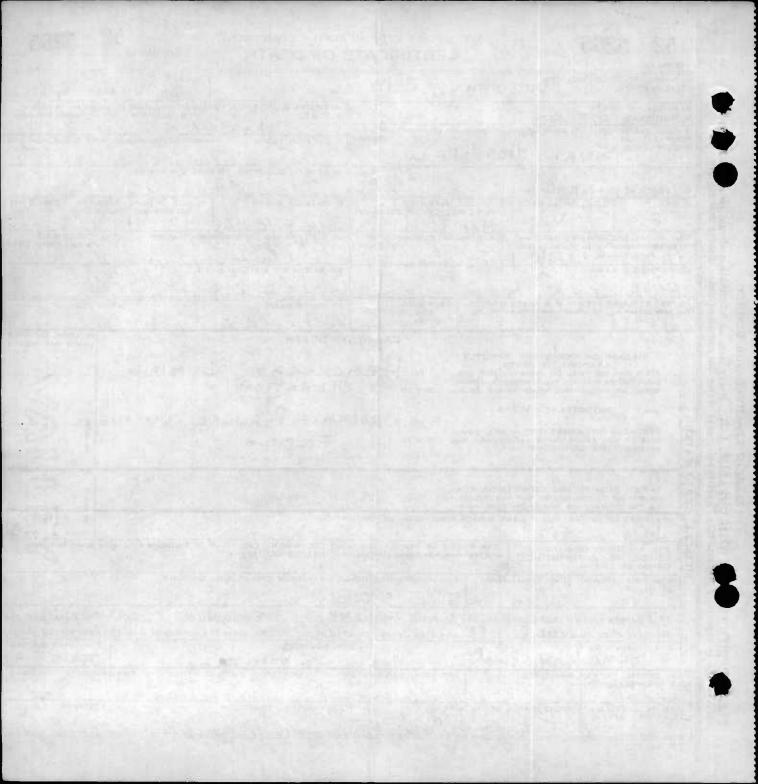


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Balt. B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITAL INSTITUTION township) Yrs. (If rural give location ADDRESS Mos. c. Length of stay in Baltimore 40 Yrs. Days should be 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years If Under 1 Year if Under 24 Hours last birthday) | Months: Days | Hours | Min. Widowed Aug.-11-1891 clearly 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information ongshoreman Norfolk Virginia death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katie Newell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT HOPKINS HOSPIT ADDRESS (Yes, no or naknowa) (If yes, give war or detes of service) SECURITY NO. # War 18. DEATH INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY he LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICA YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK WORK 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from 6 1952 and that death occurred at. m., from the causes and on the date stated above. deccased alive on 6 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 6/6/1952 Baltimore Baltimore National DATE RECEIVED BY REGISTRAR'S SIGNATURE 254 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 1110 5 -VS 150

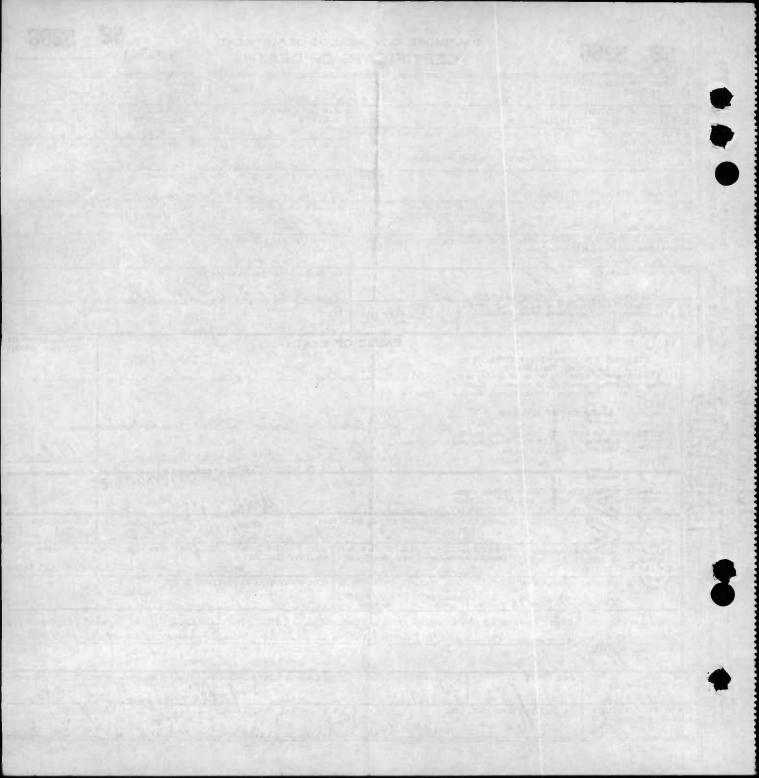


BALTIMORE CITY HEALTH DEPARTMENT 5264 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH DUNE ENR 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) (If outside corporate limits, write RURAL and give c. CITY OR 719 Yrs. D. STREET ADDRESS (If rural, give location) should be car Mas. c. Length of stay in Baltimore ELLE Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF II Under 1 Year AGE (In years If Under 24 Hours last hirthday) Months: Days Hours: Min. 26 10A, USUAL OCCUPATION (Glvekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY information s s of death cle HUDILOR 13. FATHER'S NAME OSE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO causes 4-10-954 ERRE (1/8. CAUSE item OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 0 Every it LEADING TO DEATH
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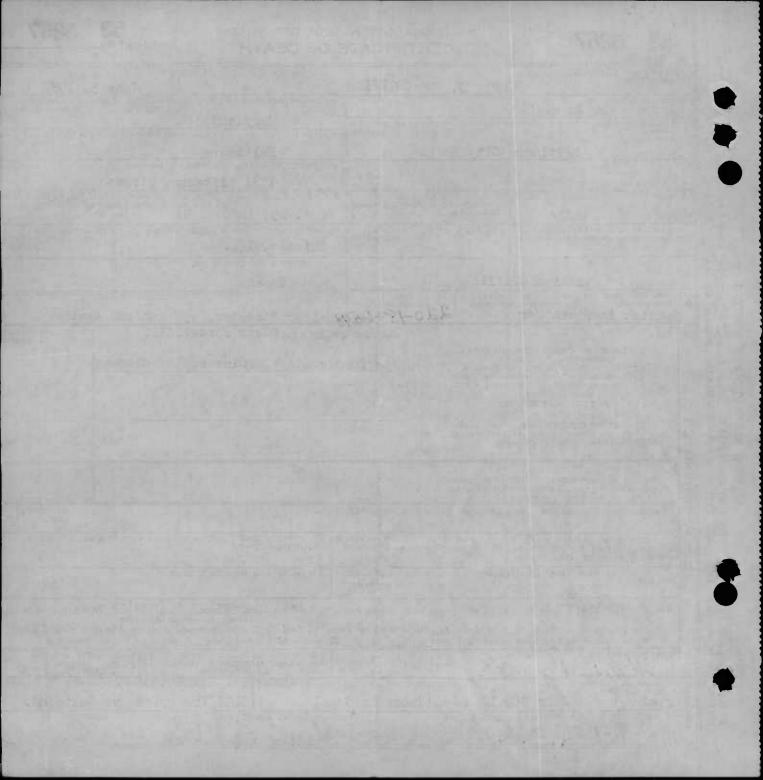
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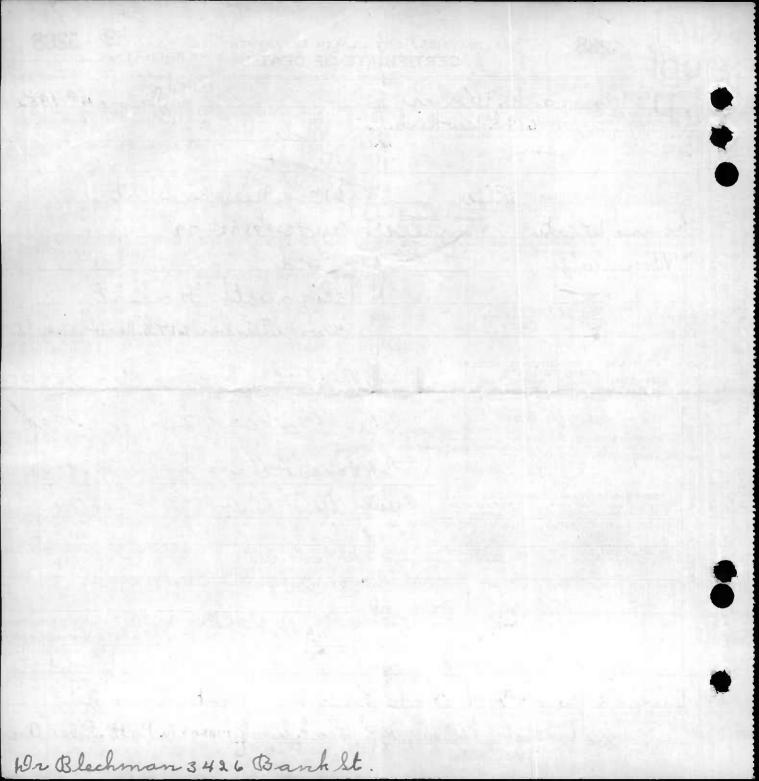


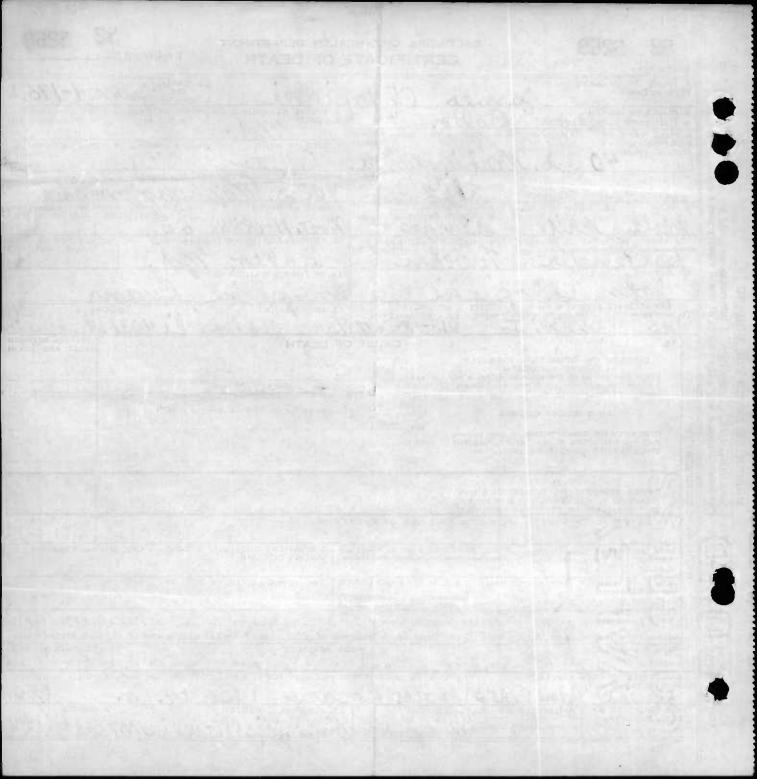
	52 5	267		EALTH DEPARTMENT E OF DEATH	52 Registered No	5267
1.	NAME OF C		OHN J. GRIFFIN	2. DATE OF DEATH June 5, 1952		
Α.		City, Maryland		4. USUAL RESIDENCE (W		
H	FULL NAME OSPITAL OR NSTITUTION		tal or institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limits.	write RURAL and giv
c 5	I anoth of s		e City Morgue Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
5	. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Un last birthday) Mont	der I Year If Under 24 Hours hs Days Hours Min.
10	Male DA. USUAL OC k done during most	CUPATION (Give kind of working life, even if retired)	Single 10B. KIND OF BUSINESS OR INDUSTRY	Oct. 25, 1880 11. BIRTHPLACE (State or for Chicago, Ill.		2. CITIZEN OF WHAT COUNTRY
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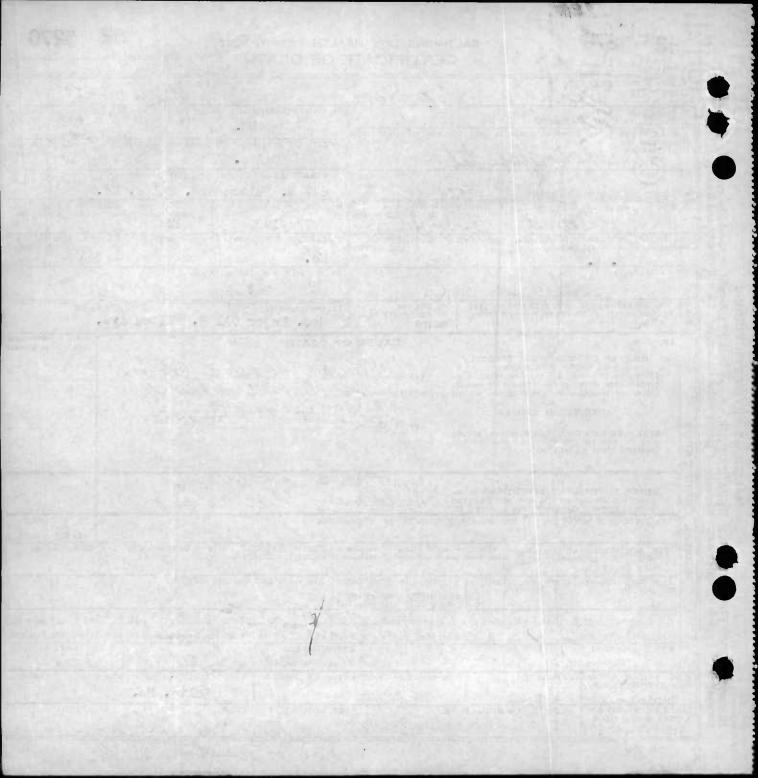
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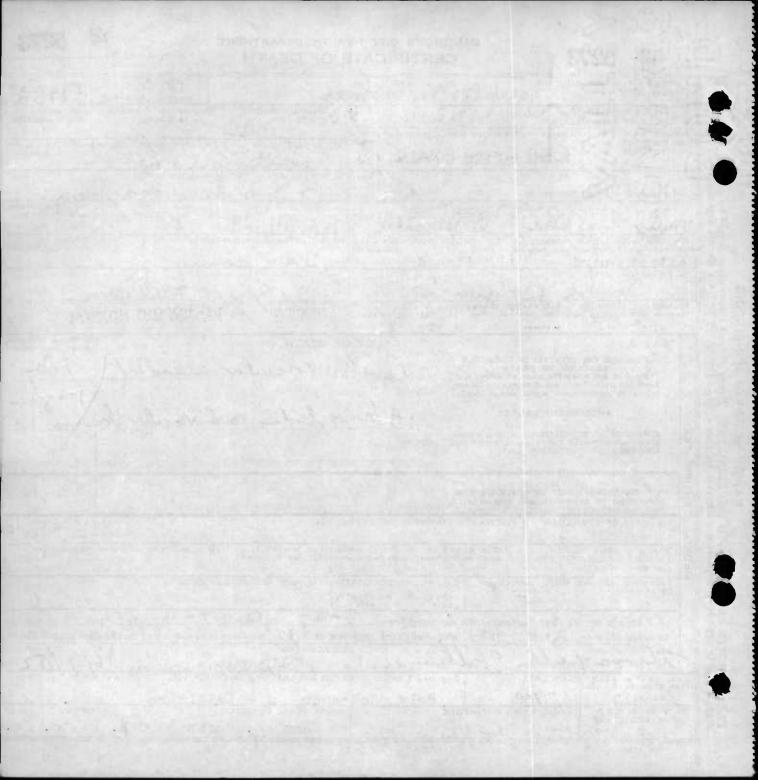
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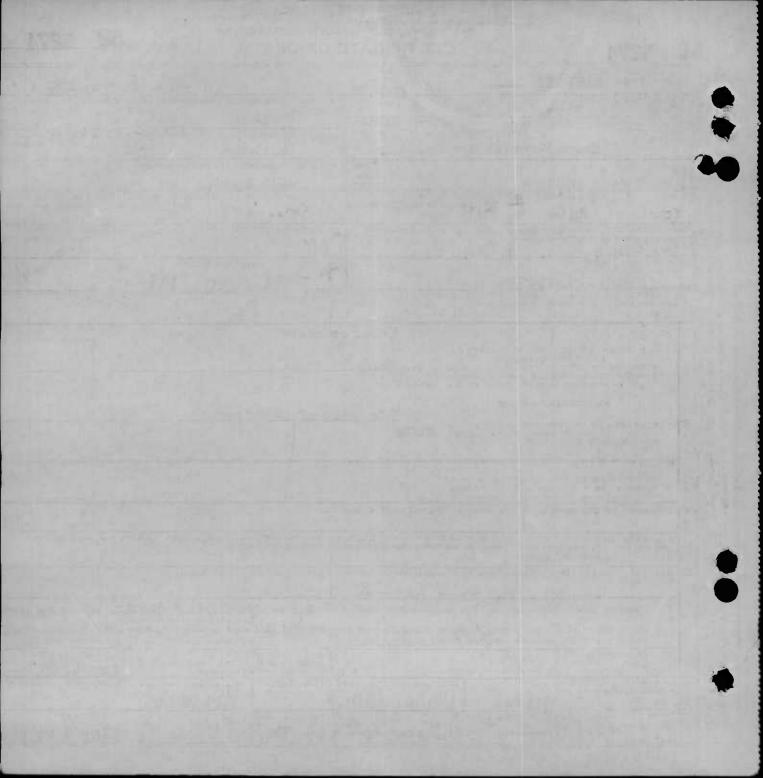
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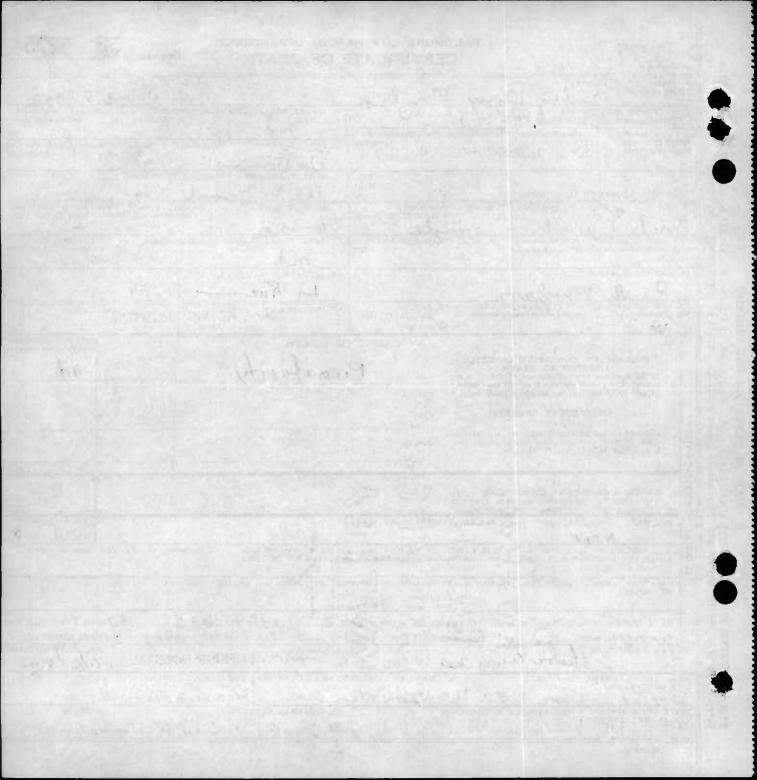
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June 6, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 9. AGE (In years) H Under 1 Year last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? **ADDRESS** INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY7 (If in Baltimore City, give exact location) 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23c. DATE SIGNED June 6. 24D. LOCATION (City, town, or county) ADDRESS



CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate fimits, write RIRAL and give INSTITUTION JOHNS HOPKINS HOSPITAL township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year plnous WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. clearly 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF INDUSTRY WHAT COUNTRY? information *u*,5 death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMATION HOPKINS HOSPITA (Yes, no or unknown) SECURITY NO. causes 1.10 None INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
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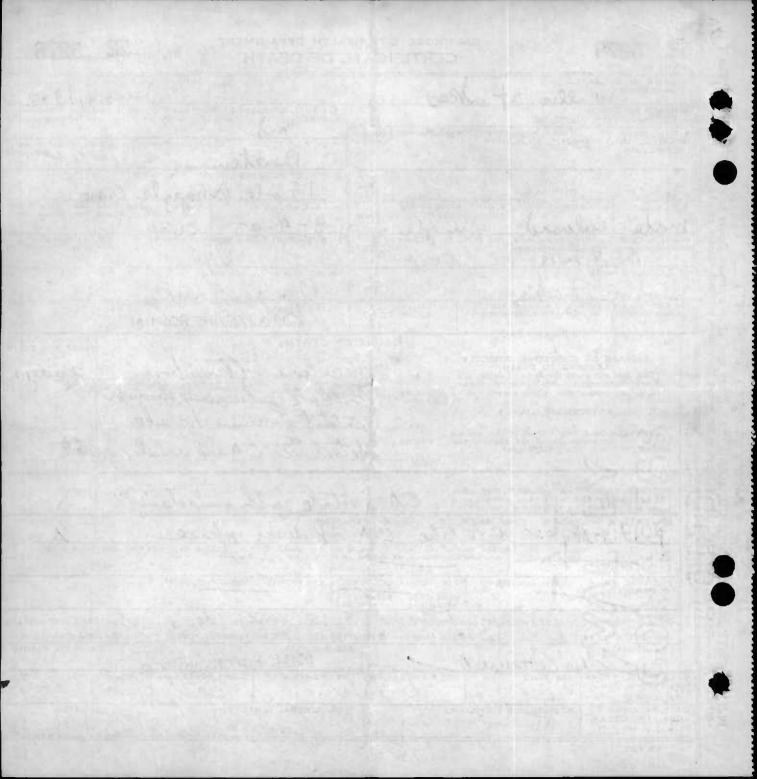


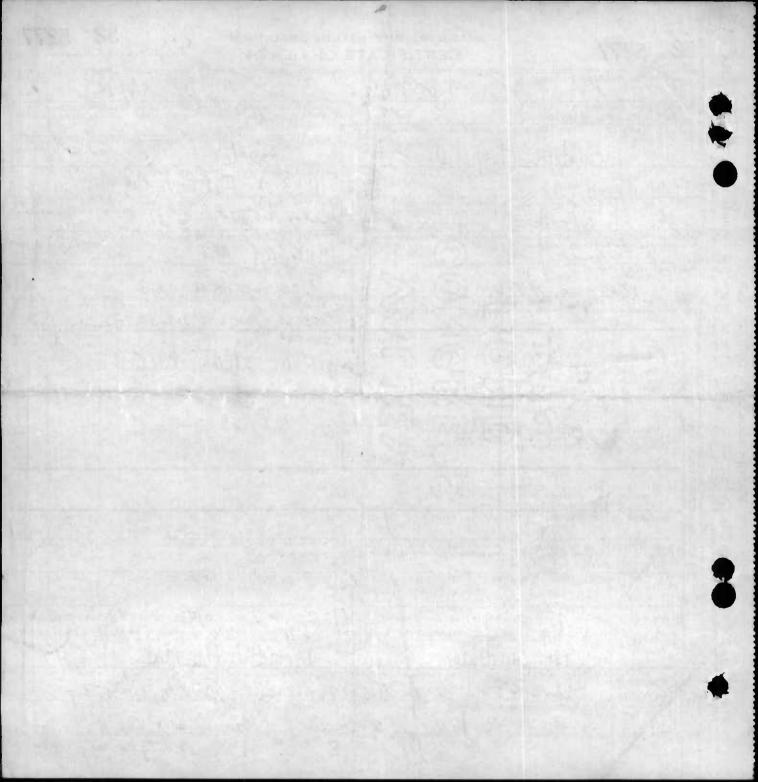
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 2 5276

BIRTH NO.								
	1. NAME OF DECEASED (Type or Print) W. 1000.	Ros		2. DATE OF DEATH	no. 4.1957			
	S. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE		f institution : residence before admission)			
	B. FULL NAME OF (If not in hospital on institution HOPKINS HOPKINS	of direct address or location)	c. CITY OR TOWN	If outside corporate limi	its write RURAL and give			
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	22. I hereby certify that I attended the		5-15 , 1952, to_		that I last saw the			
	deceased alive on 6-4, 1952.		3B. ADDRESS		the date stated above.			
-	24A BURIAL, CREMA- 24B. DATE	M. D.	HOHNS HOPKI	NS HOSPITAL	n, or county) (State)			
	240 BURIAL, CREMA- TION REMOVAL (Specify) Mul 8 52	mt Cell	um /	Baltimor	2011			
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR		95. FUNERAL DIRECTOR) marld w	ADDRESS /			
1	VS 150	SUNK	300100	regiona 170	os if asuf			
11		17001			,			





Registered No

(Where deceased lived, If institution; residence before admission) B. COUNTY

(If outside corporate limits, write RURAL and give township!

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT

(If rural, give location

9. AGE (in years) last birthday) | Months: Days | Hours : Min.

11. BIRTHPLACE (State or foreign country)

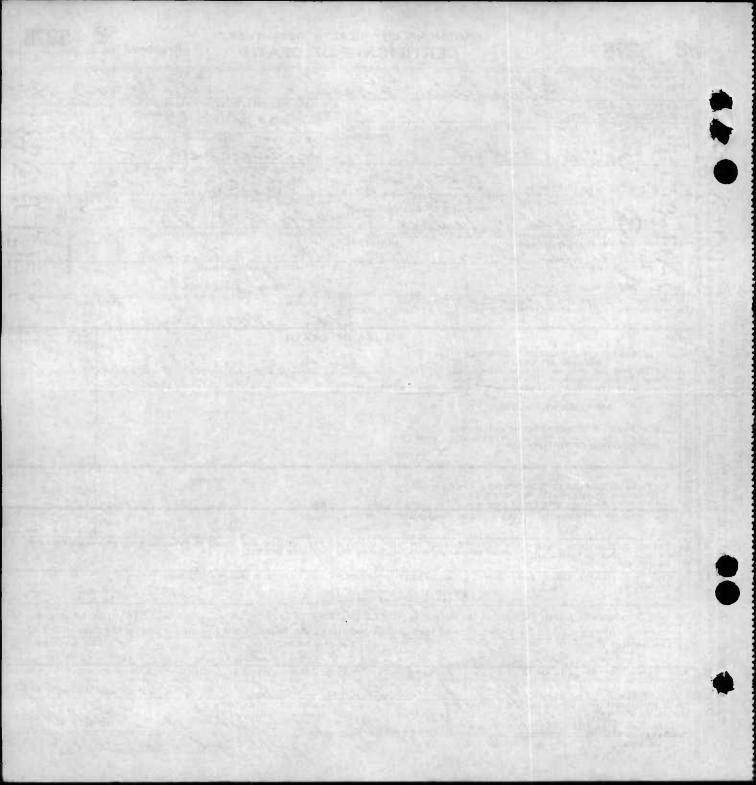
12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> 20. AUTOPSY NO YES

(If in Baltimore City, give exact location)

, 1912, that I last saw the



MARGIN RESERVED FOR BINDING

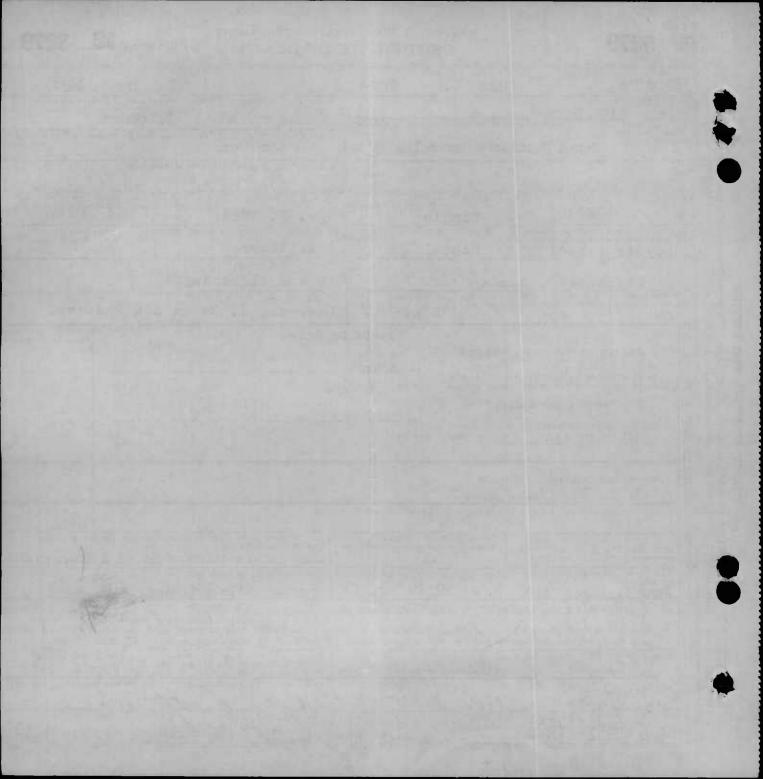
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BALTIMORE CITY HEALTH DEPARTMENT

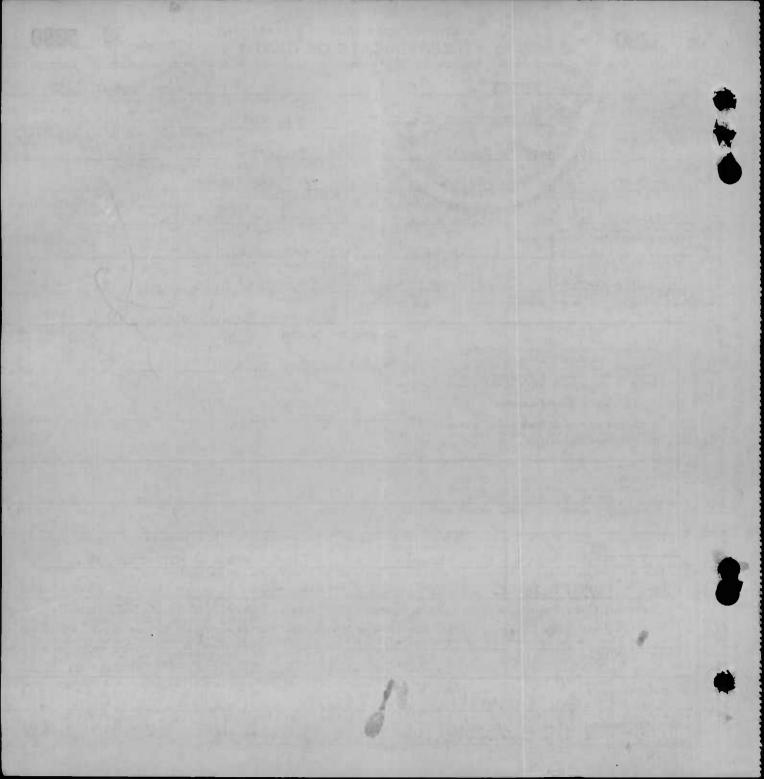
59

BI	IRTH NO.			CERTIFICAT	E OF DEATH	Registered N6	20219
1. (T	NAME OF DI	J.	AMES I	. BENDA		2. DATE OF June 5	, 1952
Α.		ity, Maryland			4. USUAL RESIDENCE (W	Where deceased lived. If in B. COUNTY Baltimore	stitution: residence before admission
H	FULL NAME (OSPITAL OR ISTITUTION			ion, give street address location eneral Hospita	c. CITY OR TOWN (If	outside corporate limits,	
c.	Length of st	ay in Baltimore		Yrs. Mos Day	215 Second		
	sex ale	6. COLOR OR RACE	WIDOW	E. MARRIED. FED. DIVORCED (Specif	8. DATE OF BIRTH NOV. 9, 1936	9. AGE (In years If Un last birthday) Mont	der I Yeer If Under 24 Hours hs: Days Hours Min.
10 worl	A. USUAL OCC dedone during most of Loyola	UPATION (Give kind of working life, even if retired) School	10B. KINE	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY
13	Lawr	ence J. Be	nda		14. MOTHER'S MAIDEN NA		
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL None	17. INFORMANT Lawrence J. B	ADE	RESS Ave:
RTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY	EFOR CONDITION LEADING TO DEAT not mean the mode o e, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, IF IE ABOVE CAUSE (A) ING CONDITION LA	H f dying, e. ; ns the disease aused death	(B)	ing		
CERT	TRIBUTING TO THE DI	TO THE DEATH, BUT	NOT RELATE CAUSING I	D	RATION		20. AUTOPSY?
MEDICAL	UNDERLYING	AL CAUSE WAS M OR CONTRIB- AUSE OF DEATH. Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., arm, factory, street, office bldg	Near intersect:		
4	OF INJURY	1952 4:00	n 1	WHILE AT NOT WHILE WORK AT WORK			25 4/2
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes natural						letermined [].
24	23A. SIGNAT	uley K.	Du	lache	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E A.D. MEDICAL INVESTIGATO	XAMINER X 23c.	ne 6, 1952
	DE RECEIVED	Hane 9.	1952	How (4	the hal X	Satting or	
LC	CAL REGIST	BY REGISTRAR'S	ton	VIII	25 UNERAL DIRECTOR		DDRESS



BALTIMORE CITY HEALTH DEPARTMENT

N To	2	BALTIMORE CITY H	EALTH DEPARTMENT E OF DEATH Registered No	5280
110	В	IRTH NO. CERTIFICAT	E OF DEATH Registered No	JE56
T.		NAME OF DECEASED Type or Print) GEORGE NASSET	2. DATE OF DEATH June	. 1952
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission
a a	В.	FULL NAME OF (f not in hospital or institution, give street address of OSPITAL OR location		Little -
		St. Joseph's Hospital	c. CITY OR TOWN (If outside corporate limits,	township
oly.	7	Yrs.		
caru		Length of stay in Baltimore Voucous Days		24.2
ld be		SEX 6 COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify		der 1 Year Hunder 24 Hours hs Days Hours Min.
on should clearly a	wor	DA. USUAL OCCUPATION (Givekind of LOB, KIND OF BUSINESS OR INDUSTR'S Adone during most of Jorkharlife, even if retired)	11. BIRTHPLACE (State or foreign, country)	WHAT COUNTRY
atic	13	SENTRE WERE FredENERS True 16	14. MOTHER'S MAIDEN NAME	K 7.1
BINDING of inform uses of dea	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (15. so or univown) (If yes, give war or dates of service) SECURITY NO.	H7. INFORMANT	PRESS
NDI info		J. J	I have harganet hosself	
			OF DEATH	INTERVAL BETWEEN
FOR item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	t wound of head	
P -		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	* Aortio Ot uead	***
RESERVED INK. Ever please write		ANTECEDENT CAUSES		
SER K.	7	(B)	••••	
RESE INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
	CA	(C)		
MARGIN UNFADING Physicians:	THI	II OTHER SIGNIFICANT CONDITIONS CON-		
MA NF/	ERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
WITH	CAL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (6. g.,	in or 21c. WHERE DID (If in Baltimore City, giv.	YES NO P
WIT	ă	21A. EXTERNAL CAUSE WAS UNDERLYING A CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		
du	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE		Maria
A. A.		June 6, 1952 6:15 A. m. WHILE AT NOT WHILE AT WORK	X Firearms	
PL		22. I certify that I took charge of the remains described	above, held an inspection & inquiry	thereon and from
TE PL especial		the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the	day stated above
WRITE e is esp		and death in my opinion resulted from: natural cause		DATE SIGNED
Wage	-		A-D. MEDICAL INVESTIGATOR JUN	ie 6, 1952
PLEA correct	TIC	A. BURIAL, CREMA- IN, REMOVAL (Specify) 24C. NAME OF CEMETE 10, 1902	ERY OR CREMATORY 24D. LOGATION City, town, or	county) (State)
PL	D/	TE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS



REGISTRAR'S SIGNATURE

before admission)

12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

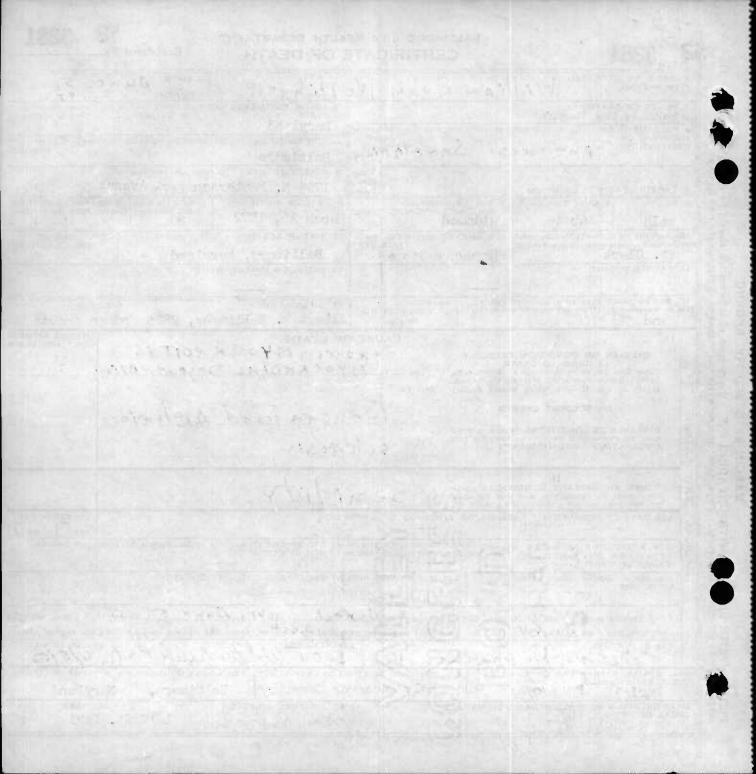
1217 St. Paul Street

25. FUNERAL DIRECTOR

NO Z

township)

LOCAL REGISTRAR



PLEAC

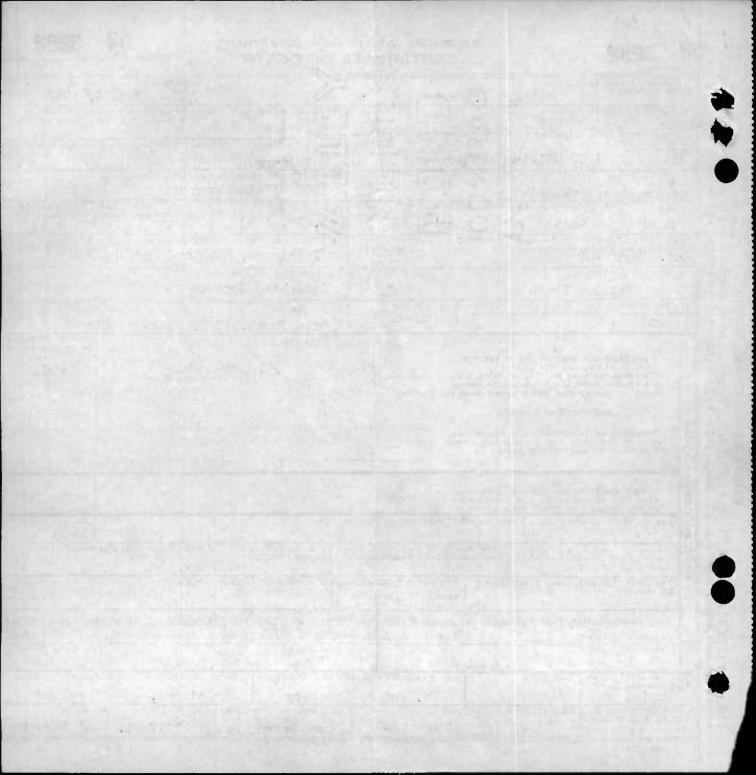
VS 150

1	532
-	2 5282
-	BIRTH NO.
}	I MARIE OF DECE

CERTIFICATE OF DEATH

52 5282

1	ULUL			CERTIFICATI	E OF DEAT	H Kegist	ered No	
	IRTH NO.							
('.	NAME OF DEC	EASED Albe	rt J. F	'ontz		2. DATE OF DEATH	June 4, 1952	
	. PLACE OF DEA. . Baltimore City		July		4. USUAL RESIDI		ived. If institution: residence	
	FULL NAME OF		al or institut	ion, give strect address cr			wes	
H	OSPITAL OR			location)	c. CITY OR TOWN	(If outside corpora	te limits, write RURAL and give township)	
2	1	1908 Wilkin	s Avenu	le .	Baltimore			
С	. Length of stay	in Baltimore		Yrs. Mos. Days		ins Avenue	ion)	
5	male 6.	color or RACE	WIDOW	E. MARRIED, /ED, DIVORCED (Specify) Pried	8. DATE OF BIRTH Oct. 19, 18	lost hirthd	ears it Unds I Year If Under 24 Hours ay) Months Days Hours Min.	
To Work	A. USUAL OCCU	PATION (Give kind of trking life, even if retired)	I IOB. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE	State or foreign country) e, Maryland	12. CITIZEN OF WHAT COUNTRY	
	3. FATHER'S NAM		<u> </u>					
		iam Fontz		Prive	Josephine			
1	5. WAS DECEASED I	VER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(X	no or unknown)	(If yes, give war or date	s of service)	217-05-4280		z, 15 S. Ellan		
	18. 421.1			CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE	OR CONDITION	DIRECTLY	0	1//	/ / .	ONSET AND DEATH	
	LE	rombraco	24hm					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
_	ANTECEDENT CAUSES							
Ó	DISEASES O							
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
Ö				(C)		***************************************		
CERTIFICATION	TRIBUTING TO	II NIFICANT CONDI THE OEATH, BUT ASE OR CONDITION	NOT RELATE	.D				
,	19A. DATE OF	/		FINDINGS OF OPER	ATION		20. AUTOPSY?	
¥							YES NO	
EDIC	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID LYING OR CONTRIBUTING ebout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
Σ	21D. TIME (Mo OF INJURY	nth) (Day) (Year)		2 IE. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
			m.	WORK AT WORK				
	22. I hereby e			accomoca ji on		3 to June 4	, 1952, that I last saw the	
	deceased alive	on 6-3-	_, 19_57.			, from the causes and	d on the date stated above.	
	23A, SIGNATUR	sulls. 0	Ehren	Les M.D. 2	3B. ADDRESS. J.	elfor Aug	6.5.52	
2	4A. BURIAL. CRE	MA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City	y, town, or county) (State)	
TI	burial	6/7/52		St. Peters	Cemetery	Baltimore,	Maryland	
	ATE RECEIVED E		SSIGNATU		25. FUNERAL DIR		ADDRESS	
-	OCAL REGISTRA	OF Hunt	to the	Will or no	Wm. Gook	me. 1217	St. Paul Street	



Registered No. 5283

2. DATE June 5,1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)

9. AGE (In years II Under I Year I Under 24 Hours last birthday) Months; Days Hours; Min. If Under 24 Hours 12. CITIZEN OF

ADDRESS

NTERVAL BETWEEN ONSET AND DEATH

WHAT COUNTRY?

BALTIMORE CITY HEALTH DEPARTMENT

20. AUTOPSY7

(If in Baltimore City, give exact location)

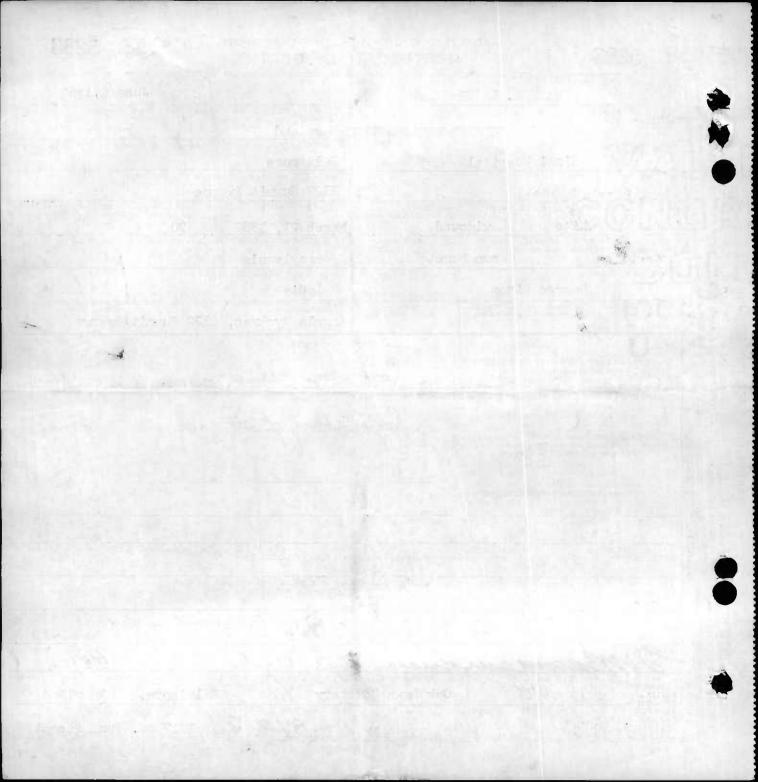
21F. HOW DID INJURY OCCUR?

, 195 that I last saw the ... m., from the causes and on the date stated above.

22C. DATE SIGNED

Baltimore.

Maryland

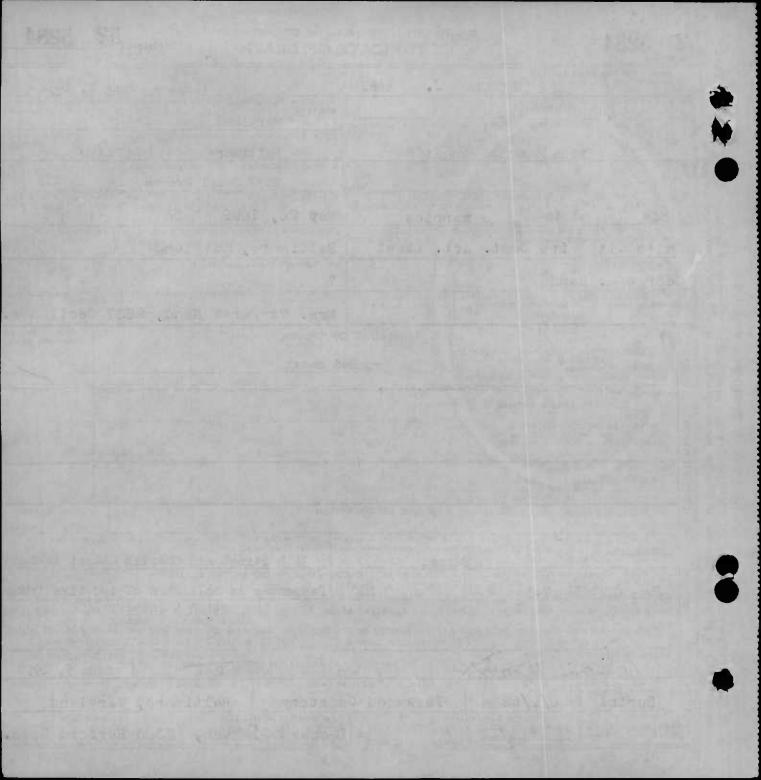


1	530
8	2 5284
ı	BIRTH NO.
ı	I NAME OF DEC

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered 52 5284

BI	IRTH NO.		CERT	IFICAT	E OF DEATH	Registered	No.
1.	NAME OF DECEASED 'ype or Print)	araran.	7	TIAND		2. DATE OF	
	PLACE OF DEATH:	GEORGE	J.	HAND	I 4. USUAL RESIDEN	DEATH Ju	ne 4, 1952
Α,	Baltimore City, Maryland				A. STATE	B. COUNTY	before admission)
H	FULL NAME OF 'f not in h DSPITAL OR ISTITUTION	ospital or institut	ion, give sti	reet address or location)	c. CITY OR TOWN		its, write RURAL and give
1		morial Ho	spital		Balti	more 9-	-0 / township)
1				Yrs. Mos.		S (If rural, give location)	
	Length of stay in Baltimor		E. MARRIE	Days	8. DATE OF BIRTH	Cecil Avenue	M. J. J. J. V
	Male White	WIDOW	errie6	RCED (Specify)	May 26, 18		It bader 1 Year If Under 24 Haus Ionths Days Hours Min.
work	A. USUAL OCCUPATION (Give k done during most of working life, even if re salto City Fre	tired)		INDUSTRY	Baltimore,		12. CITIZEN OF WHAT COUNTRY
_	FATHER'S NAME	-			14. MOTHER'S MAIL		
_	eorge J. Hand				?		
15 (Yes	. WAS DECEASED EVER IN U.S. A s, no or unknown) (If yes, give war o	RMED FORCES? r dates of service)	16. SOC	IAL URITY NO.	17. INFORMANT		ADDRESS
					Mrs. Marga	ret Hand, 263	37 Cecil Ave.
	DISEASE OR CONDITI LEADING TO: (This does not mean the m heart failure, asthenia, etc. It injury or complication whi	DEATH ode of dying, e. a t means the diseas	e,		ed chest		
	ANTECEDENT C	AUSES					
Z	DISEASES OR CONDITION)	•		
NOI-	UNDERLYING CONDITION	(A) STATING TH N LAST.	HE DUE	то			
CA			(C))			
RTIFIC	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH.	BUT NOT RELATE	D				
CE	19A. DATE OF OPERATION	4 65 59 50 5 77 7		S OF OPER	ATION		20, AUTOPSY?
ادِ							YES NO X
S	21A. EXTERNAL CAUSE WAS	218. PLA		JURY (e. g., in treet, office bldg., e			give exact location)
ED.	UTING CAUSE OF DEA	TH. St	reet			eet and Charles	Street Avenue
Σ	OF INJURY (Month) (Day) (Y			RY OCCURRE			
	June 4, 1952 7:		WORK X	AT WORK	rassenger .	in collision of	
	22. I certify that I took e				Au	topsy, Inspection or Inquiry	
	and death in my opin	by said Auto ion resulted f	nquiry, find that so	aid deceased died on the vicide \square , homicide \square ,	he day stated above,		
	23A. SIGNATURE	5/2/			238, CHIEF MED ASSISTANT MED	ICAL EXAMINER 2	3c. DATE SIGNED
24	A. BURIAL, CREMA- 24B. DA	3000/	ZAC NAME		D. MEDICAL INVES	TIGATOR	June 5, 1952 n, or eounty) (State)
TIO	N. REMOVAL (Specify)	/52			emetery	Baltimore, N	
DA		AR'S SIGNATU			25 FWNERAL DIRECT		ADDRESS
7	UN Bais 18552 Hunt	ington W	Miam	A-M.P.	Beora VOLLE		Harford Road.
V	S 151 4/3/0	0	3 %	37.0	a-11		/
	N 862.			102	13		



BI	2 2 0 2 5285 RTH NO.	BALTIMORE CITY HE		52 Registered No.	5285		
(T	PLACE OF DEATH:	oks, Norman Edward	4. USUAL RESIDENCE (W	2. DATE OF DEATH June 5	1952		
B. He	STITUTION	or institution, give street address or location)	Maryland c. CITY OR TOWN (If	B. COUNTY	before admission)		
	St. Length of stay in Baltimore	Joseph's Hospital Yrs. Mos. Days	Baltimore #13 D. STREET ADDRESS (16 s 3300 Ravenwood				
	Wale White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single 108. KIND OF BUSINESS OR	Aug 31- 1937 II. BIRTHPLACE (State or fo	14	der Year If Under 24 Hours Min.		
	child Child	INDUSTRY	Maryland 14. MOTHER'S MAIDEN NA		WHAT COUNTRY		
15 (Ye	Eugene Kobert WAS DECEASED EVER IN U. S. ARMED I B. DO OF UBBROWN) (If yes, give war or dates of	FORCES? 16. SOCIAL	Mary H Sh 17. INFORMANT MRS. MARY F	7. Brooks-	PRESS SAME		
	DISEASE OR CONDITION DE LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau	IRECTLY dying, e. g., (A)	of DEATH /	,	INTERVAL BETWEEN ONSET AND DEATH		
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. (C)						
CERTIFICA	OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION OF	OT RELATED Managain	an idiocy				
DICAL	19A. DATE OF OPERATION 198	B. MAJOR FINDINGS OF OPER	ATION		YES NO X		
MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, fectory, street, office bldg., e	or 21c. WHERE DID (11 to.) INJURY OCCUR?	f in Baltimore City, give	e exact location)		
2	21D. TIME (Month) (Day) (Year) (I	Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY	OCCUR?			

NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from June 5

, 152, to June 5

19.52 and that death occurred at 1:10 23A. SIGNATURE

untington

23B. ADDRESS Caroline Street 11:00 N

23c. DATE SIGNED

1952, that I last saw the

24A. BURIAL, CREMA TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR EEMER

d

DALTO

LOCATION (City, town, or county) Md

RECEIVED BY REGISTRAR'S

6 - 1952

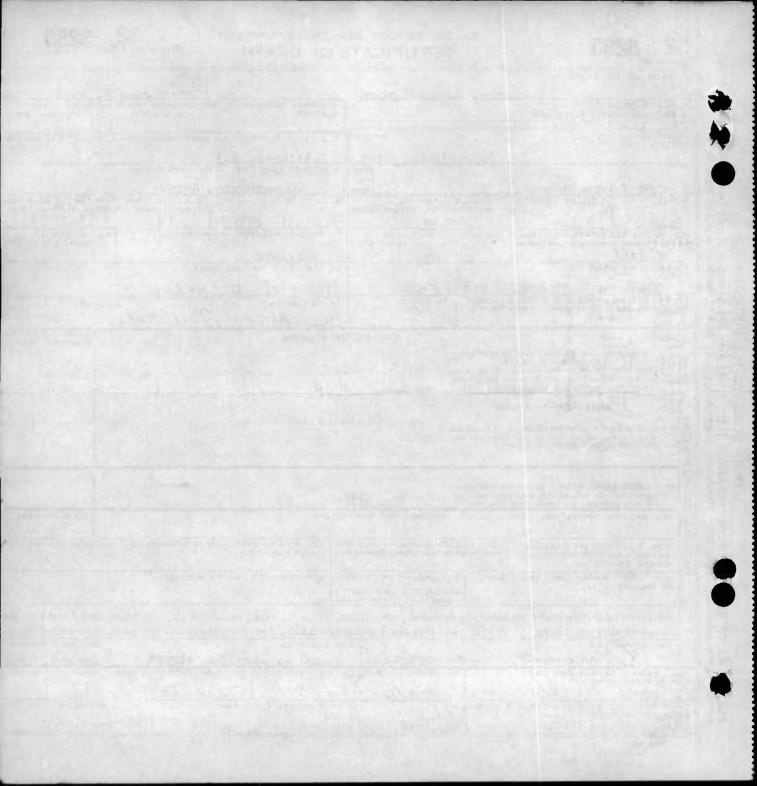
SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

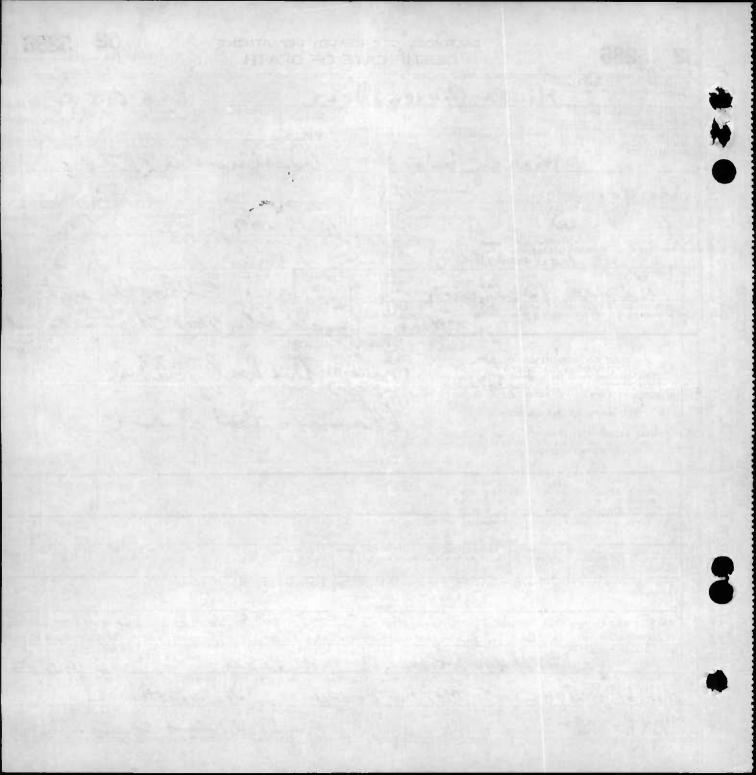
VS 150

ord Rd

pm., from the causes and on the date stated above.



X/-	ļ.	200								50	5000
The	5	2 528 IRTH NO.	36				E OF DEAT	1	Register	ed No	5286
T		NAME OF D'ype or Print)	DECEASED	LDA	GRAC	6 N	ESS		2. DATE OF DEATH	-6-5	2_
Mds	Α.	PLACE OF D Baltimore	City, Maryland	l	itution, give stre		4. USUAL RESID	ENCE (Who	B. COUNT		on : residence efore admission)
	H	OSPITAL OR	W	1100	Houle	location)	c. CITY OR TOWN	(If ou	tside corporate	limits, write I	RURAL and give township)
ca) c.	Length of s	stay in Baltimo	re		Yrs. Mos. Days	D. STREET ADDR	ESS (If ru	ral, give location	560	0
ld be and	-7-16111	SEX	6. COLOR OR R	ACE 7. SIN	GLE, MARRIED).	8. DATE OF BIRTH	9	AGE (In year last birthday)	Months Da	Hours Min.
on should clearly a	1C worl	A. USUAL OC done during most	CUPATION (Give of working life, eyea if r	etired)	IND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE	State or fore	ign country)		TZEN OF
natic	13	FATHER'S		3 - 00	1		14. MOTHER'S MA	AIDEN NAM	00-	Ce) a	+ /
BINDING of inform uses of dea	15 (Ye	. WAS DECEAS	ED EVER IN U.S.	RMED FORCES		AL RITY NO.	17. INFORMANT	2 0	1000	ADDRESS	and a
R BIN em of i		18. 416	X		1 11 0 11	CAUSE	OF DEATH	A 1	0-1		ERVAL BETWEEN ET AND DEATH
D FOR ery item ce the cau		(This does	SE OR CONDIT LEADING TO s not mean the mare, asthenia, etc. I	DEATH ode of dying, t means the di	e. g., (A)	ans	gestive l	west	faile	n	3
RESERVED INK. Every please write		injury or	ANTECEDENT		eath.) DUE TO	00	7.	PI			
RESE INK.	TION	RISE TO T	S OR CONDITIO THE ABOVE CAUSE YING CONDITIO	(A) STATING	IVING (B)		inare i	row	Ouska	•	***************************************
MARGIN UNFADING Physicians:	TFICA		11		(C) .		•••••				
MA UNFA Physic	CERTI	TRIBUTING	IGNIFICANT CO TO THE DEATH, ISEASE OR COND	BUT NOT REL	ATED			T			
VITH tant.	CAL		OF OPERATION		OR FINDINGS					YE	
n _r	MEDIC	LYING O		IG about he	PLACE OF INJ ome, farm, factory, str	URY (e. g., l eet, office bldg.,	o or 21c. WHERE D		in Baltimore Ci	ty, give exac	t location)
		OF INJURY	(Month) (Day) (21E. INJUR	Y OCCURR NOT WHILE AT WORK		INJURY	OCCUR?		
TE PI especia		22. I hereb	y certify that live on	I attended	he deceased j	from 5	- 29, 19 = red at 15 Am.	from the	causes and o	953that	I last saw the
WRITE e is esp		23A. SIGNA	Celm.	44.	Shea	- м. р.	3B. ADDRESS	ey			DATE SIGNED
E	TIC	BUTION REMOVAL	CREMA- Specify) Jon	-8/52		W. Br	anch	I. V .	MINSTE		(State)
PLEAS correct	D.	TE RECEIVE	RADS REGIST	tington		L MJ	H. Banks		tono De	ADDRI	ter ma
	=	VS 150		0	Single Sul		5 2 8 5		-		

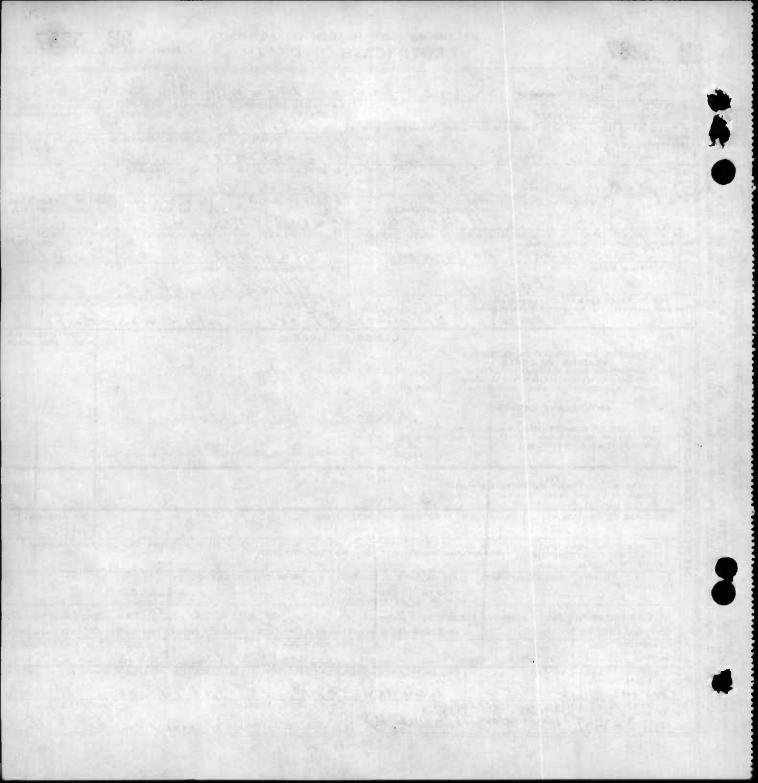


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION DALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 2232 0001 Davs information should be of death clearly and 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. MARRIED IOB. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ChAYFFEYA EWSPAPER IRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (If yes, give war or dates of service) (Yes, no or µnknown) SECURITY NO causes NO ONG 13-01-4390 1 4M 2232 1000 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY very ite LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION WITH EDICAL important. YES . NO 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE TE PI especial WORK AT WORK 19 d to 6 - 6 -22. I hereby certify that I attended the deceased from 6 - 6 , 19 Sthat I last saw the deceased alive on 6 - 1952 and that death occurred at 1 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 00 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) 24B. DATE DYRIAL DATE RECEIVED BY ADDRESS REGISTRAR'S LOCAL REGISTRAR REDERIC VS 150

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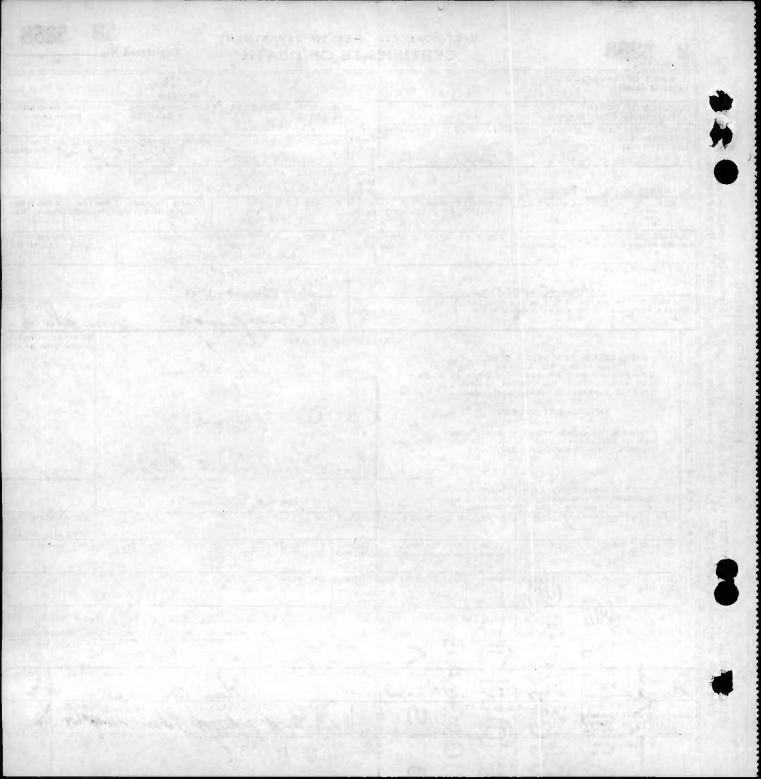
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da	A.		ity, Maryland	V	4. USUAL RESIDENCE (V A. STATE Merrland	Where deceased lived. If ins B. COUNTY	titution: residence before admission)
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e c. leg			ay in Baltimore	Mos. Days		al Street	
rmation should be death clearly and l		F	6. COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years of Un last birthday) 74 75	der Vear Hunder 24 Hours hs Days Hours Min.
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-	z		ANTECEDENT CAUS	SES (B)	+ heart failu	re	
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UN	빙		TO THE DEATH, BUT SEASE OR CONDITION		hone		
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WITH rtant.	DICA		NT, SUICIDE,	21B. PLACE OF INJURY (e. g., i		f in Baltimore City, giv-	e exact location)
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		OF HASOK!		m. WHILE AT HOT WHILE AT WORK			
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TE		deceased al	ive on 1 7 une	-, 19 FZ, and that death occur		he causes and on the	
WRITE e is esp		23A. SIGNAT	Vilum 7	- 1 remer " "	Luneran Hospita	e, Bette.	23c. DATE SIGNED
Wage		AA. BURIAL, C	REMA- 248. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L.	OCATION (City, town, or	county) (State)
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25. FUNERAL DIRECTOR ADDRESS



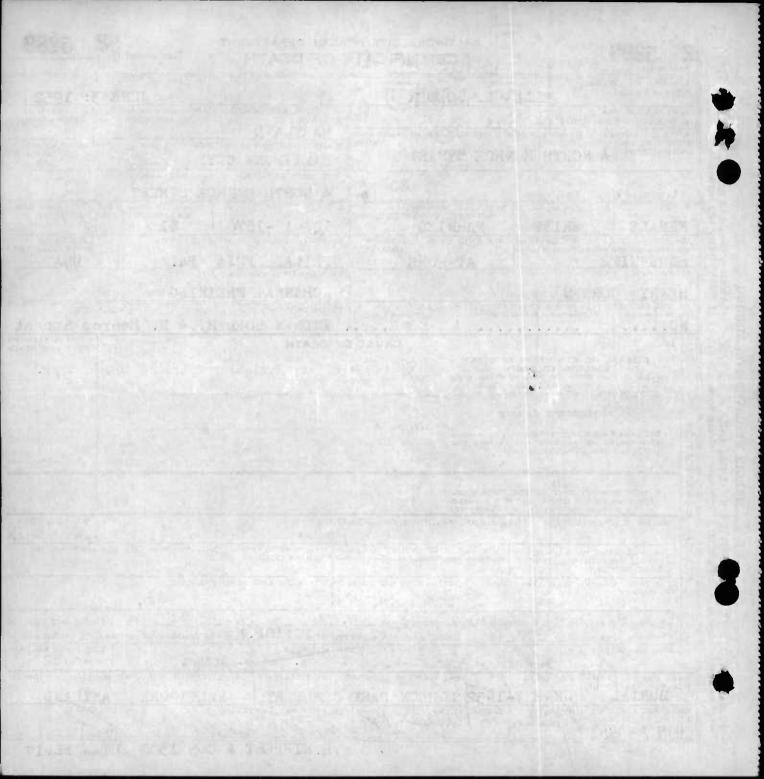
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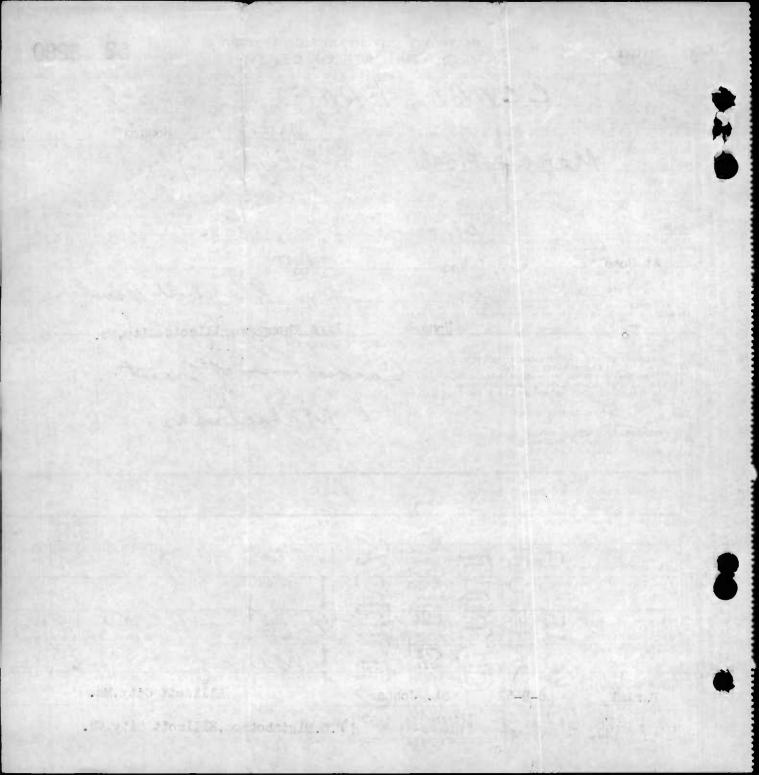
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

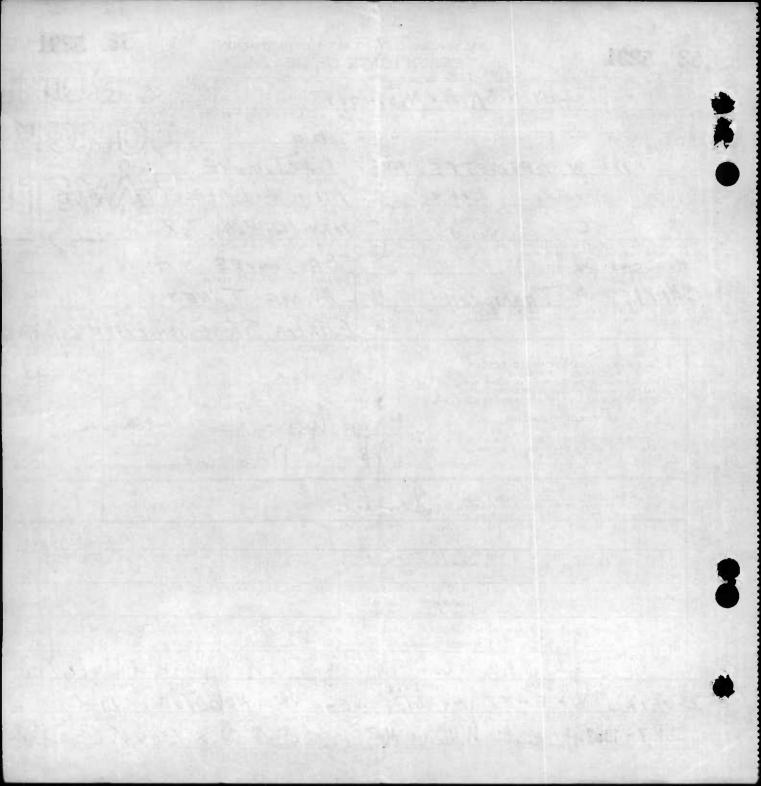
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Registered	No	0.000

	KIH NO.	
1. (T	NAME OF DECEASED ype or Print) ELLA L. SOEDER	2. DATE OF DEATH JUNE 3: 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or location)	
	4 NORTH MONROE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY
	80 Mg.	D. STREET ADDRESS (If rural, give location)
c.	Length of stay in Baltimore	4 NORTH MONROE STREET
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) EMALE WHITE MARRIED	8. DATE OF BIRTH 9. AGE (In years if Under I Yea) It Under 24 Hours Min. 10-1-1870 9. AGE (In years if Under I Year) It Under 24 Hours Min.
	A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
WOT	done during most of working life, eveo if retired) INDUSTRY	WHAT COUNTRY?
	OUSEWIFE AT HOME	PHILADELPHIA Pa. USA
	ENRY CORTES	JOHANNA FREIKING
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, oo or ooknowe) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
N	O NONE	. ANDREW SOEDER 4 N. Monroe Street
		OF DEATH
		rditis; Auricular fibrillation 1 yr.
	injury or complication which caused death.) DUE TO	
7	ANTECEDENT CAUSES	
ő	DISEASES OR CONDITIONS, IF ANY, GIVING	
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
0	(C)	
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-	
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED	
O	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
AL	13A. DATE OF OPERATION O 13B. MAJOR PINDINGS OF OPER	YES NO X
EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.	n or 21c. WHERE DID (If in Baltimore City, give exact location)
Σ	CAUSE OF DEATH 2 1D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
	OF INJURY m. WHILE AT WORK NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from Feb	1./51 ,19 , to 6/3/52 ,19 , that I last saw the
	deceased alive on 6/3/52 19 and that death occur	red at 10:10 P. of the the causes and on the date stated above.
		38. ADDRESS 23c. DAŢE SIGNED
	Ils. Skanohur M. D.	1945 W. Balto. Street 6/6/52
24	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TIC	BURIAL (Specify) JUNE 7-1952 LOUDON PARK	CEMETERY BALTIMORE MARYLAND
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	25 FUNERAL DIRECTOR ADDRESS
	CAL REGISTRAR	11 13/16 8 M. 44 X n.
	UN 7 - 1952	1 Jaluania 1 /3 /w
	Vs 150	F.B. WIPPERT & SON 1300 EUTAW PL.17



VI	11 /2 /3		
1	5290	BALTIMORE CITY HEALTH DEPARTM CERTIFICATE OF DEATH	V = . 52 F000
The	BIRTH NO.	CERTIFICATE OF DEATE	
4	1. NAME OF DECEASED (Type or Print)	ARA KRAFT	2. DATE OF DEATH 6-6-52
F	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	NCE (Where deceased lived, If institution; residence B. COUNTY before admission)
10	HOSPITAL OR	nstitution, give street address or location) C. CITY OR TOWN	Howard (If outside corporate limits, write RURAL and give
	INSTITUTION Mercy	Hosp. Ellico	It City township)
carl	c. Length of stay in Baltimore	Yrs. Mos. Days	SS (If rural, give location)
pe nd 1	5. SEX 6. COLOR OR RACE 7. S	SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	9. AGE (In years H Under Year H Under 24 Hours last birthday) Months! Days Hours Min.
should larly an	- w	Widow Jan. 10, 18	75 77
	work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	ate or foreign country) 12. CITIZEN OF WHAT COUNTRY
ttion th c	13. FATHER'S NAME	None 14. MOTHER'S MAII	DEN NAME
information of death cl	Jocob K.	eru Mary E.	Circleth Bassler
infe	15. WAS DECEASED EVER IN U. S. ARMED FORG	CES? 16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
om of causes	18.	None Emma Thompso	on, Ellicott City, Md INTERVAL BETWEEN
item item	DISEASE OR CONDITION DIRE		ONSET AND DEATH
CT.	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e. g., (A) Coremono	- of Breast
Ever	injury or complication which caused	death.) DUE TO	
4	ANTECEDENT CAUSES	(B) e Molos	toses
INK.	O DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.	, GIVING	B. C.
r R	U	(C)	
ADIN icians:	OTHER SIGNIFICANT CONDITION		
UNFADINC Physicians:	TRIBUTING TO THE DEATH, BUT NOT F	RELATED	
н	19A. DATE OF OPERATION A 1 19B. M	AJOR FINDINGS OF OPERATION	20. AUTOPSY?
VITH Sant.	ZIA. ACCIDENT WAS UNDER: 21	B. PLACE OF INJURY (e.g., in or 21c. WHERE DI	D (If in Baltimore City, give exact location)
VIT.	LYING OR CONTRIBUTING Abou	t home, farm, factory, street, office bldg., etc.) INJURY OCCUR	
F	210. TIME (Month) (Day) (Year) (Hour	r) 21E, INJURY OCCURRED 21F, HOW DID	INJURY OCCUR?
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TE PI especi	22. I hereby certify that I attended		
WRITE e is esp	deceased alive on 6-6, 19	and that death occurred at the man,	from the causes and on the date stated above 23c. DATE SIGNED
Wil ge i	(e) sn. t	1.11. Shear. D. Me	scy 6-6-52
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 6-9-52	St. Johns	Ellicott City, Md. (State)
PLEA	DATE RECEIVED BY DECISTRABLE SIG	NATURE 25. FUNERAL DIRE	
P	JUN 7 - 1952 Huntington	Williams, My? F.C. Higinbot	hom, Ellicott City, Md.
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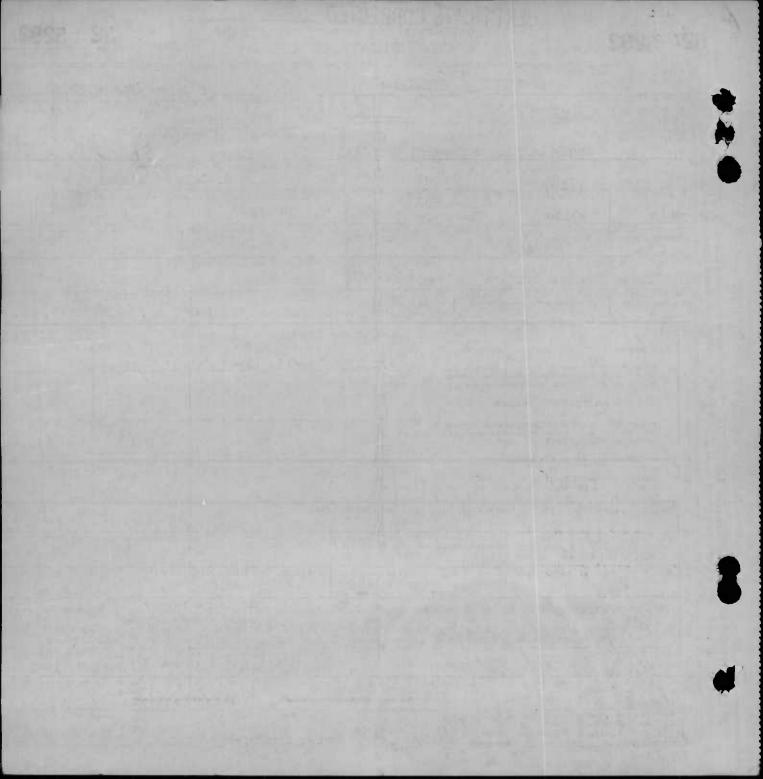


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CERTIFICATE OF DEATH

B	IRTH NO.						
	NAME OF D	ECEASED LAWR	ENCE /	GILBERT		2. DATE OF	6 3052
3	PLACE OF DE		31.02	G.LEDLIKI	4. USUAL RESIDENCE (DEATH June Where deceased lived, If is B. COUNTY	nstitution: residence
B.	FULL NAME	OF 'f not in hospit	al'or institut	tion, give street address or			before admission)
H	OSPITAL OR		15 34 7			f outside corporate limits,	write RURAL and give
1		South Balt:	imore G	eneral Hospita	1 Baltimo	re //-	(township)
				Yrs.	D. STREET ADDRESS (If		
c.	Length of st	tay in Baltimore	STITUTE A	Mos. Days	1119 N.	Calvert Stree	t
5.	SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	Under I Year If Under 24 Hours
n	nale	white		VED, DIVORCED (Specify)	MAY 23, 1891	b/	ths Days Hours Min.
1 C	A. USUAL OCC k done during most o	CUPATION (Give kind of f working life, even If retired?	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	Foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S N	IAME		B109	14. MOTHER'S MAIDEN N	IAME	
	William	Sanders Gilb	ert		Laura Kirby		
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS
(10	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Porterfield Fune		
	18. 42						INTERVAL BETWEEN
	1	E OR CONDITION	5155cm. 15		OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH		oscieratia aprila		
	heart failu:	not mean the mode ore, asthenia, etc. It mea	ns the diseas	se.	osclerotic cardio	yascular dise	ase
	injury or	complication which	aused death).) DUE TO			
		ANTECEDENT CAUS	ES				
Ž	DISEASES	OR CONDITIONS, 1	F ANY, GIVIN	(B)		***************************************	*****
ERTIFICATION	RISE TO THE	HE ABOVE CAUSE (A)	STATING TH	HE DUE TO			THE RESERVE
CA				(C)		***************************************	
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7		IGNIFICANT CONDI					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		SEASE OR CONDITION	- 11 (C) FO	danal Transit			
U.	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
AL			1 210 DL /	ACE OF INJURY (e. g., in	or 21c, WHERE DID (Vi in Paltinon City of	YES NO L
EDICAL	UNDERLYING	AL CAUSE WAS OF OR CONTRIB- AUSE OF DEATH.		arm, factory, street, office bldg., e		If in Baltimore City, give	ve exact location)
Σ	OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I certif	y that I took char	ge of the	remains described a	bove, held an partia	1 autopsy	thereon and from
					nquiry, find that said d	Inspection or Inquiry	
ı	and dec	th in my opinion	resulted f	rom: natural causes	M, accident , suicide	, homicide , un	determined .
	23A. SIGNAT		~/	The second secon	238. CHIEF MEDICAL	EXAMINER 23c.	
	Wille	an Claso	AK	M.	D. MEDICAL INVESTIGAT	OR Ju	ne 7, 1952
24 TIC	A. BURIAL, C	andfred .		24c. NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town, o	reounty) (State)
	REMOVAL	6/7/	52	WEST == EN	O CEM. WY	THEVILLE "	VA.
	TE RECEIVED		SIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

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2. DATE

1952

(Type or Print) BLAN	CHE R. LYNCH	DEATH June 6, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospi HOSPITAL OR INSTITUTION 2416 Eutaw	tal or institution, give street address or location) Place	c. CITY OR TOWN (If outside corporate kmits, Arke KURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE W	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
10A. USUAL OCCUPATION (Glve kind of ork done during most of working life, even if retired Home	Home	11. BIRTHPLACE (State or foreign country) Wilmington, Del 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Herbert Foraker		14. MOTHER'S MAIDEN NAME Ella Spence
15. WAS DECEASED EVER IN U.S. ARME Yes, no or unknown) (If yes, give war or dat NO	D FORCES? 68 of service) 16. SOCIAL SECURITY NO. None	Mr. William C. Lynch 2116 Eutaw Place
DISEASE OR CONDITION CThis does not mean the mode heart failure, asthenia, etc. It me	DIRECTLY Of dying, e.g., (A)	of DEATH T- berebal Hemonhay 5 whs

INTERVAL BETWEEN ONSET AND DEATH injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO

ERTIFICATION U

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

. 19.5, that I last saw the

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from.

NOT WHILE

deceased alive on and that death occurred at 11 23A. SIGNATURE

from the eduses and on the date stated above. 23B, ADDRESS

23c. DATE SIGNED

ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Remova]

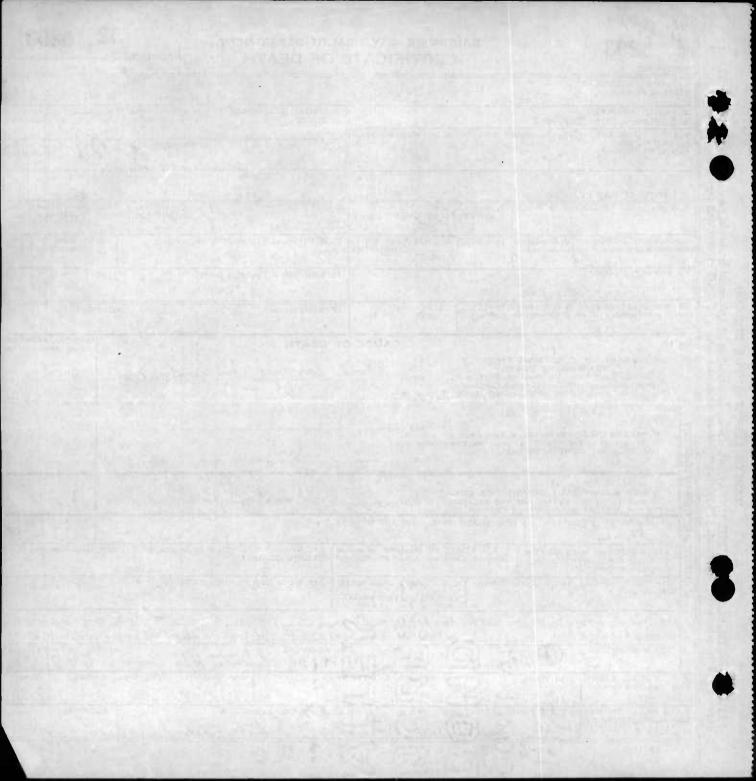
24B. DATE

24c. NAME OF CEMETERY OR CREMATORY 24D.

DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

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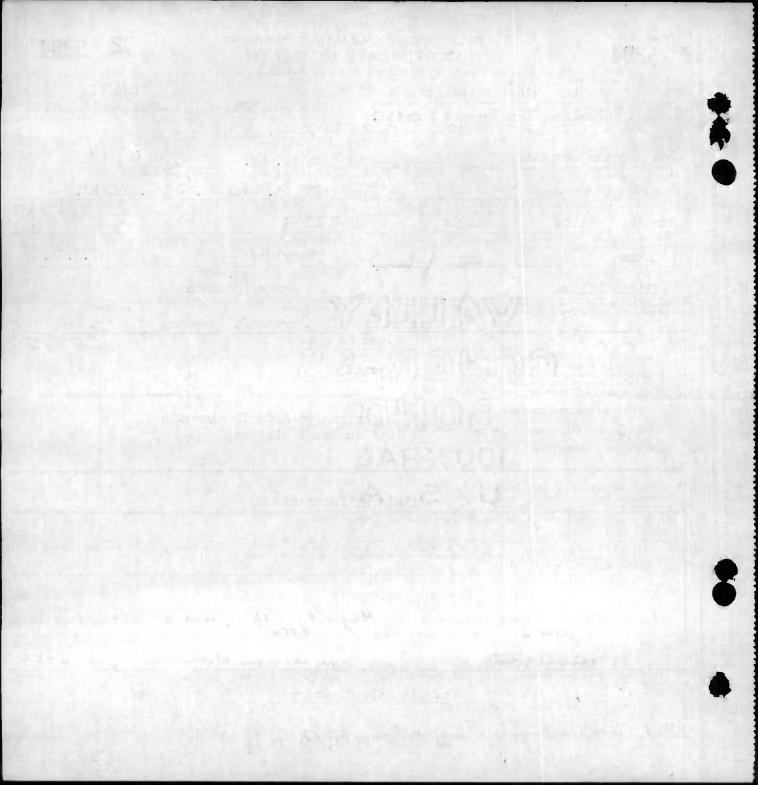
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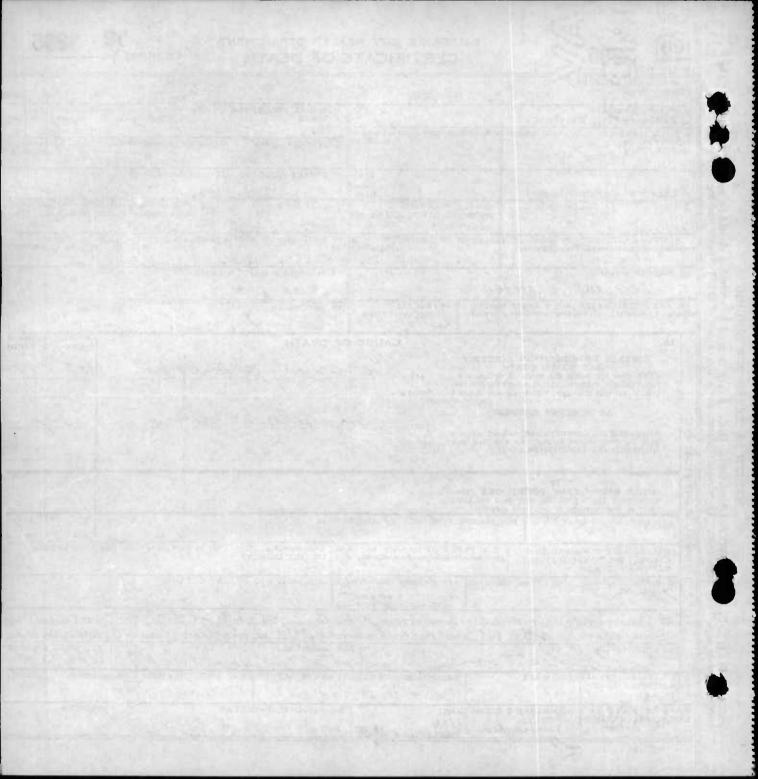
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF E (Type or Print)	ECEASED			
3 PLACE OF F		erine Dillon	2. DATE OF DEATH	6/6/52
A. Baltimore	City, Maryland Bo	on Secours Hospital	4. USUAL RESIDENCE (Where deceased liv	
HOSPITAL OR	ours Hospital	location		ellmits, write RURAL and go townshi
34		Yrs.	D. STREET ADDRESS (If rural, give location	on)
	tay in Baltimore	Mos. Days	4205 St. Paul St. Balto.	. 18, Md.
5. SEX female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single	8. DATE OF BIRTH 9. AGE (in year last birthday	rs
IOA. USUAL OC work dooeduriog most NONE	CUPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTS
13. FATHER'S	IAME		14. MOTHER'S MAIDEN NAME	. /
Willia	m Dillon		Agnes Thompson	
(106, 00 or ugroown)	ED EVER IN U. S. ARME (If yes, give war or date	SECURITY NO.	17. INFORMANT	ADDRESS
No 18. 444		None	Mrs. Frank J. Geraghty 4	205 St. Paul St
Z O DISEASE RISE TO T UNDERLY U	SE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	of dying, e.g., ins the discase, raused death.) EES FANY, GIVING STATING THE Uremi (A) Uremi (B) Uremi (A) Uremi (A) Cardi	a tensive Arteriosclerotic o Renal Disease	ONSET AND DEA
M TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED Relateral	Pneumonia	
19A. DATE C	F OPERATION 0 1	98. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY
214 ACCIE				YES NO
A LIA. ACCIL	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, etreet, office hldg.,		City, give exact location)
21b. TIME OF INJURY	Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR MHILE AT NOT WHILE MORK AT WORK		
22. I hereb	u certify that I att		14 24 , 1952, to June 6 ,	19 52 that I last saw
deceased a	ive on june 6	, 19 52. and that death occur	rred at 9.55 am., from the causes and	on the date stated abo
23A. SIGNA			By Leoner Hopital	23c. DATE SIGNI
	REMA- 24B. DATE		RY OR CREMATORY 24D. LOCATION (City,	town, or county) (Stat
24A. BURIAL, TION. REMOVAL (S Burial	6/9/52	St. Michaels	Cemetery Frostburg. 1	



-	IRTH NO.		CERTIFICATI				
	NAME OF D	EDWARD	A. BREMKER		2. DATE OF	- 0 1050	
3.	PLACE OF D		A. BREMKER	4. USUAL RESIDENCE (V		16 6. 1952 f institution: residence	
		City, Maryland	al or institution, give street address or	Md.	B. COUNTY	before admission	
H	OSPITAL OR	OF (II not in nospit	location)		outside corpora e lim	MS, write RURAL and giv	
IN	ISTITUTION	2954 Clifton	Ave	Baltimore	15	township	
			Yrs.	D. STREET ADDRESS (If	rural, give location)		
		stay in Baltimore	Mos. Days	2954 Clifton A	ve.		
5.	SEX	6. COLOR OR RACE	 SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 	8. DATE OF BIRTH		fonths Days Hours Min.	
	M	W	Married	Mar. 10, 1882	70		
10 work	A. USUAL OC k done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY	
	Conduc	tor	Balto. Transit Co.	Belto. Co. Ma		USA	
13	FATHER'S			14. MOTHER'S MAIDEN N			
		ERICK BREN.		LAURA BLAKE	4		
15 (Yes	5. WAS DECEAS 6, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date	of service) SECURITY NO.	17. INFORMANT ADDRESS			
	No		213-10-1573	Mrs. Carrie B. B	remker Ab	ove	
	18. 260	X	CAUSE	OF DEATH		ONSET AND DEAT	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not be made of duling of						
	(This doe	CALL OF YOUR	15 mu				
1		ure, asthenia, etc. It mea				***************************************	
	heart failt		ns the disease,		••••••		
	heart failt	ure, asthenia, etc. It mea	ns the disease, aused death.) DUE TO		••••••	1160	
NO	heart failt Injury or	ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS	ns the disease, aused death.) DUE TO	liabete luce	••••••	1845	
ATION	heart failt injury or DISEASE	ure, asthenia, etc. It mea complication which c	ns the disease, aused death.) DUE TO SES FANY, GIVING STATING THE DUE TO ST.	lisbete luce	••••••	1894	
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S	52	2 5296 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	5296
FOR BINDING y item of information should be causes of death clearly and legibry.	1. (T 3. A. B. H.C. IN TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT	NAME OF DECEASED Type or Print) 2. DATE OF DEATH OF DEATH A. STATE Baltimore City, Maryland FULL NAME OF OSPITAL OR ISTITUTION 10 HOPKINS HOSPITAL Yrs. Mos. Days SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WYDWYED, DIVORCED (Specify) WYDWYED, DIVORCED (Specify) 11. BRTHPLACE (State or forcign country) 12. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO OF DEATH 16. SOCIAL SECURITY NO.	lte RURAL and give township) I Year fi Under 24 Hours Days Hours Min. CITIZEN OF WHAT COUNTRY?
MARGIN RESERVED UNFADING INK. Ever Physicians: please write	ERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
WRITE PLA WITH UN	MEDICAL CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bidg., etc.) 21C. WHERE DID (If in Baltimore City, give of linding of	at I last saw the ate stated above.
PLEA W	BO		unty) (State) DRESS

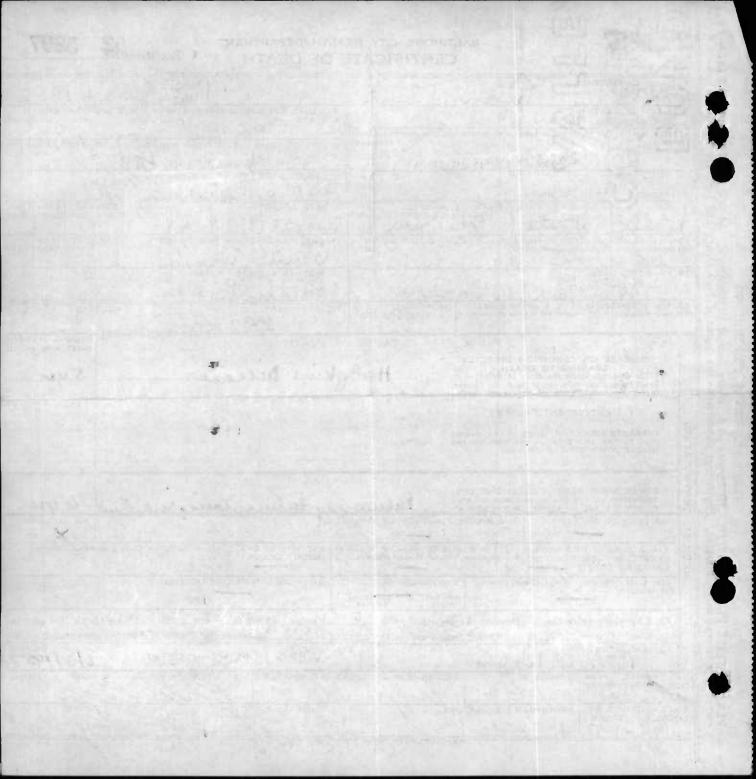
Huntington Waliacus, M. of

The second secon

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

B	RTH NO.	E OF DEATH	gistered No.
	NAME OF DECEASED type or Print)	2. DAT	11000 / 1989
3.	PLACE OF DEATH:	DEA	
Α.	Baltimore City, Maryland	A. STATE ON B.	COUNTY before admission
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		rporate limits, write RURAL and give
IV	3 JOHNS HOPKINS HOSPITAL	B-0+: -50	township
-	Yrs,	D. STREET ADDRESS (If rural, give	location)
	Length of stay in Baltimore Mos. Days	1217 E. Belvede	ire Owe
7	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WINDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last 1	(In years If Under I Year II Under 24 Hours irthday) Months Days Hours Min.
10 worl	A. USUAL OCCUPATION (Give kind of the done during most of sorking life, even if retired) INDUSTRY	11. BIROHPLACE (State or foreign cour	ntry) 12. CITIZEN OF WHAT COUNTRY
	at home	Jenney branco	WIAT GOOKING
13	FATHER'S NAME	14. MOTHER'S MADEN NAME	
	William U. Carlin	Edith Baile	Λ
(Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		JOHNS HOPKINS	HOSPITAL
	18. 201x and 002x CAUSE	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ghin Ducare	5 yes
	injury or complication which caused death.) DUE TO	9	,
100	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		
TIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
CA	(C)		
LIFI			
ERI	OTHER SIGNIFICANT CONDITIONS CON-	1.,	~
CE	TO THE DISEASE OR CONDITION CAUSING IT.	an tabuculorus	uactue 6 yrs
۲	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATIO	20. AUTOPSY?
CA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	in or 21c. WHERE DID (If in Balt	more City, give exact location)
MEDI	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	more only, give exact location,
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR	7
	m. WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from 5	-11 1952 to 6-6	1952 that I last saw th
	deceased alive on 6-6 1952 and that death occur	rred at 5.10 Am. from the eause	
	deceased alive on 6-6, 1953, and that death occur	rred at S.10 Am., from the eause 23B. ADDRESS HOPKINS HOSP	s and on the date stated above
2.	deceased alive on 6-6, 1953, and that death occur 23A. SIGNATURE A. BURIAL CREMA-1 24B. ATT 24C. NAME OF CEMETE	rred at S. 10 m., from the eause 23B. ADDRESS HOPKINS HOSP	s and on the date stated above
2.	deceased alive on 6-6, 1953, and that death occur 23A. SIGNATURE Reflect Johns M. D.	rred at S. 10 m., from the eause 23B. ADDRESS HOPKINS HOSP	s and on the date stated above 23c. PATE SIGNED 661452
T NO	deceased alive on 6-6, 1953, and that death occur 23A. SIGNATURE A. BURIAL CREMA-1 24B. ATT 24C. NAME OF CEMETE	rred at S. 10 m., from the eause 23B. ADDRESS HOPKINS HOSP	s and on the date stated above State

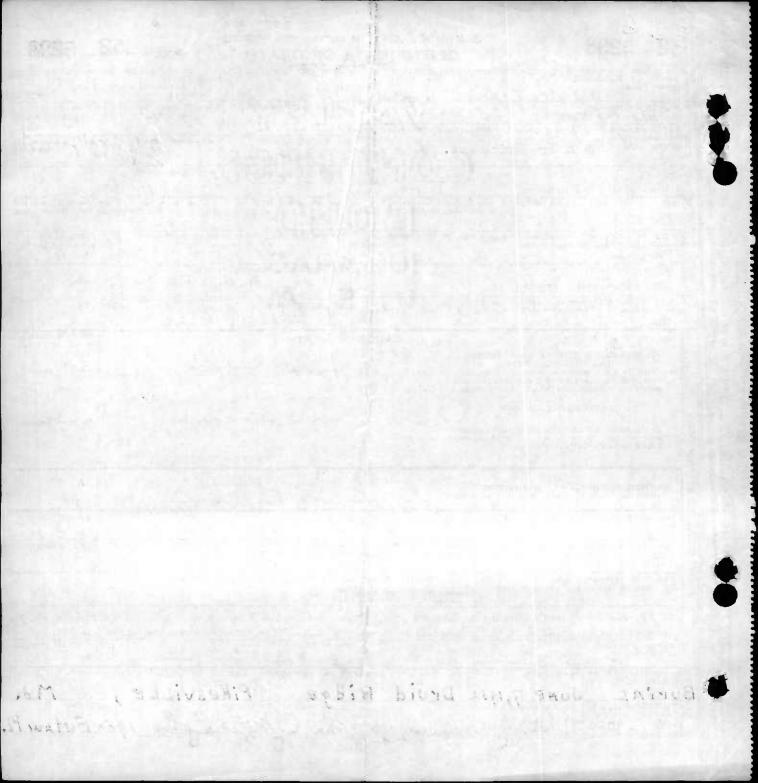


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BIRTH NO	3.0

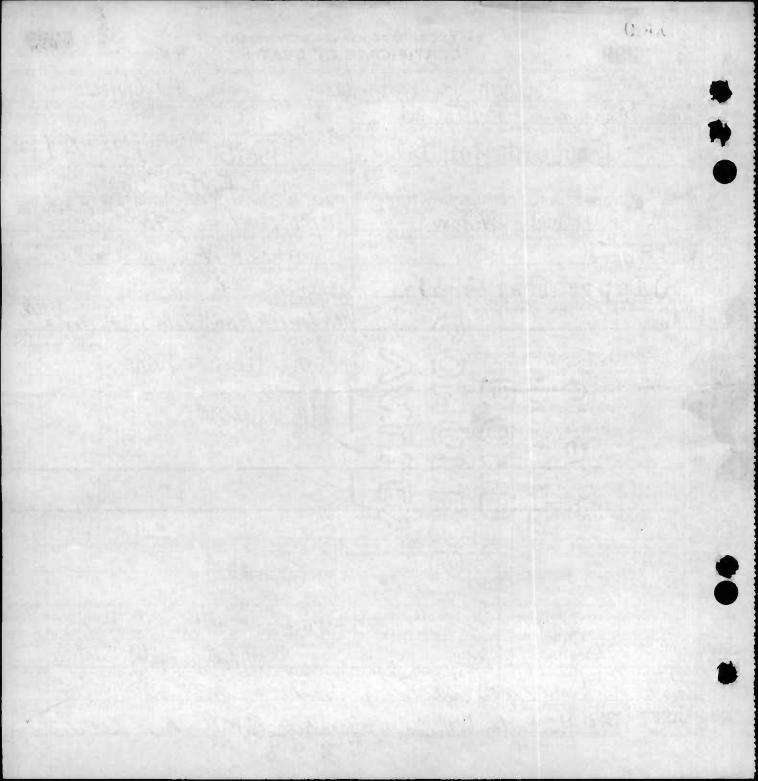
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52

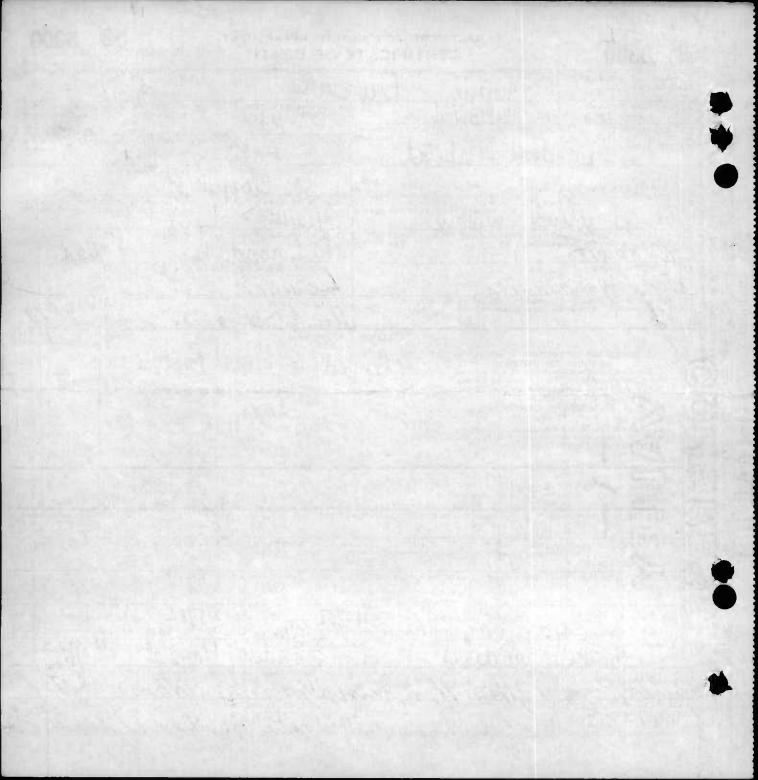
BIRTH NO.						
1. NAME OF (Type or Print)		- 1	0		2. DATE OF	lune 5, 1952
3. PLACE OF	DEATH: City, Maryland OF (If not in hospit		ion, give street address or location	Maryland	DEATH NCE (Where deceased live B. COUNT (If outside corporate	ed. If institution: residence
c. Length of	stay in Baltimore		74 Years Days	O. STREET ADDRES	is (If rural, give location rederich Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE WIDOW	E, MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In year last birthday	rs If Under 1 Year H Under 24 Hours Months Days Hours Min.
10A. USUAL O work done during mos	CCUPATION (Give kind of t of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY		ate or foreign country)	12, CITIZEN OF WHAT COUNTRY U.S. A
	Ediard Gundry			14. MOTHER'S MAIL	DEN NAME arthe Fitz-Ha	mis
(Yes, no or unknown	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Clfu d	Til under	ADDRESS
Z DISEASE TO UNDERL	ASE OR CONDITION LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, IS THE ABOVE CAUSE (A) LYING CONDITION LA	TH If dying, e. g Ins the disease Eaused death EES FANY, GIVIN STATING TH	(B)	OF DEATH ' Cerebral the		INTERVAL BETWEEN ONSET AND GEATH 20 hours
W TRIBUTIN	SIGNIFICANT CONDI IG TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	o Passalina	a with chom	a brouditis	years .
19A. DATE	OF OPERATION 0		FINDINGS OF OPE			20. AUTOPSY?
21A. ACCI LYING C CAUSE OF	DENT WAS UNDERDED CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.,			City, give exact location)
210. TIME OF INJURY	(Month) (Day) (Year)		VHILE AT NOT WHILE AT WORK		INJURY OCCUR?	
			and that death occu	rred at 12-05Pm.,		1952, that I last saw the on the date stated above
23A. SIGNA	Radul Kil	welry	м. р.	23B. ADDRESS 5 05 L Frederich	Con Blue 2	23c. DATE SIGNED 6-5-52 town, or county) (State)
BULLAL DATE RECEIVE	Specify) JUNE 7	,1952	Druid R	idge	Pikesville	estate) (State)
LOCAL REGIS	TRAR Hunting	ton W	Lliams ME	John O. Mi	tchellotomo	1900 EUTAW P



B-	5	2 2 3 2 2 5 2 9 9		EALTH DEPARTMENT E OF DEATH	Registered No.	2 5299
pildo	3. A.	NAME OF DECEASED (ype or Print) PLACE OF DEATH: Baltimore City, Maryland	r Barksda	4. USUAL RESIDENCE (W)	2. DATE OF DEATH OF dere deceased lived. If ins	Atitution: residence before admission
Allia.	H	FULL NAME OF (If not in hospital or ins	titution, give street address or location) + OShital Yrs.	c. CITY OR TOWN Balls.	outside corporate limits	write REPAL and give
l be c			Mos. Days NGLE, MARRIED, DOWED, DIVORCED (Specify)	312 N. Fu	lton ave	der 1 Yaar H Under 24 Hours hs: Days Hours: Min.
on should be clearly and l		M. Colored N	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	70	2. CITIZEN OF WHAT COUNTRY
G mati eath		S. FATHER'S NAME 3. S. D. P. B. Z. P. 5. WAS DECEASED EYER IN U. S. ARMED FORCE	Sdczle	14. MOTHER'S MAIDEN NA.		N. 3
of of ases	(Ye	(If yes, give war or dates of service)	SECURITY NO.	HON GONSON BORN	1	INTERVAL BETWEEN
FO ite		DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the	TLY (, e. g., (A)	erebial Hem	orhage	ONSET AND DEATH
K	z	injury or complication which caused of ANTECEDENT CAUSES	(5)	Hemiplegn	à	
779	ICATIO	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.				
MARGIN UNFADINC Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE CEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATEO			
WITH rtant.	CAL		JOR FINDINGS OF OPER		in Baltimore City, give	20. AUTOPSY?
Out Proces	MEDI	LYING OR CONTRIBUTING about CAUSE OF DEATH	nome, farm, factory, atreet, office bldg	etc.) INJURY OCCUR?		exact location)
O. S.		OF INJURY	m. WHILE AT NOT WHILE			
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a Se	2.	44. BURIAL, CREMA-124B. DATE	24C. MAME OF CEMETE	rounden	CATION (City, Jown, or	6/5/2
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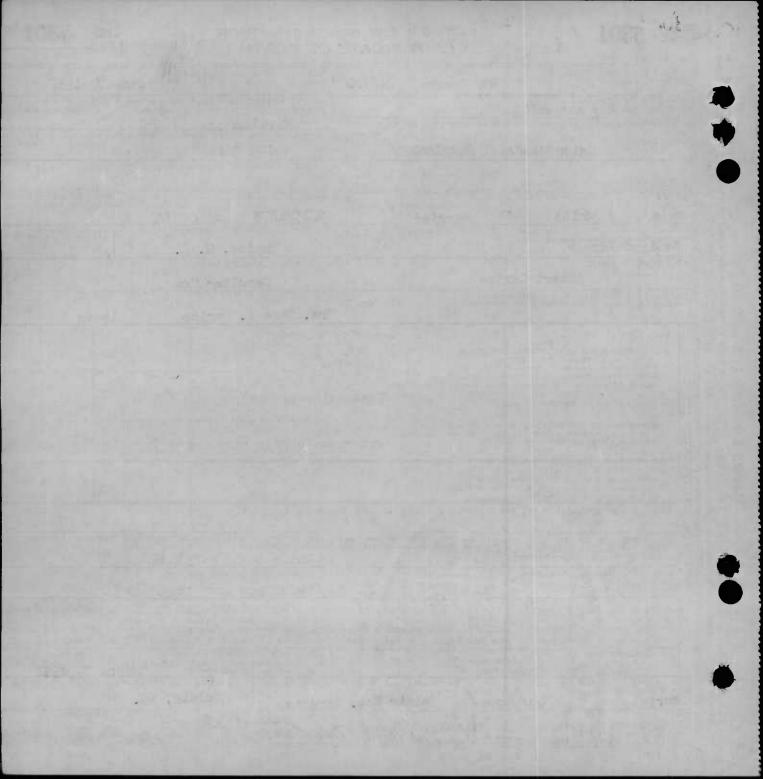


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he	5	2 NATH N 5 300		E OF DEATH	Registered No.	5300
		NAME OF DECEASED Type or Print)	ue Ou	ens	2. DATE OF DEATH	
ull upr	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or inst.	tution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If inst	itution: residence before admission)
	H	OSPITAL OR BOTH CONTROL H	whital location)		outside corporate limits, w	rte RURAL and give township)
e garage	C.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rupal, give location)	
should be arly and l		SEX 6. COLOR OR RACE 7. SING	GLE, MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRTH OF	9. AGE (In years last birthday) Month	N Year H Under 24 Hours S Days Hours Min.
n shou learly	1C worl	OA. USUAL OCCUPATION (Give kind of k dopeturing most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country) 12	CITIZEN OF WHAT COUNTRY?
NDING information s of death cle	13	EATHER'S NAME		14. MOTHER'S MAIDEN NA	AME 9	W.S.A.
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MARGIN UNFADING Physicians:	CERTII	OTHER SIGNIFICANT CONDITIONS (TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED			
WITH U	CAL	19A, DATE OF OPERATION 19B, MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY7
W	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about ho CAUSE OF DEATH	PLACE OF INJURY (e. g., ime, farm, factory, street, office bldg.,	in or 21c. WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
	4	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK,		OCCUR?	
E Pr		22. I hereby certify that I attended t deceased alive on 615 1912	111		the causes and on the	hat I last saw the
WRITE P		23A. SIGNATURED		Bindent 1		3C. DATE SIGNED
5	2	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)		RY OR CREMATORY 24D. L	CATION (City, town, or	State
PLEA	D.	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE /	25. FUNERAL DIRECTOR	[Yliana)	DDRESS 322 M
		VS 150	** Villeauss , My	Jane Vy W	MANNEY D	and and the



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0	IN TOOL		ALTH DEPARTMENT	52 Registered No	
The	BIRTH NO.	RIFICATI	E OF DEATH	registered 140	,
E	1. NAME OF DECEASED (Type or Print) TROY Joshu		2. DATE OF DEATH June	7, 1952	
台	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution: residence before admission)
₹ A	B. FULL NAME OF ''f not in hospital or institution, girlinstitution INSTITUTION Union Memorial Hospit	location)	Maryland c. CITY OR TOWN (I White Hall	f outside corporate limits,	write RURAL and give
cadll egibly.	c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If		0.0
be	5. SEX 6. COLOR OR RACE 7. SINGLE, MAI	RRIED.	5/15/1878		nder I Year ths Days Hours Min.
information should s of death clearly an	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF E work done during most of working life, even if retired) Retired Farmer	2.46	11. BIRTHPLACE (State or f	N. C.	2. CITIZEN OF WHAT COUNTRY
atio th	13. FATHER'S NAME Albert Carico		14. MOTHER'S MAIDEN N		
rmg		SOCIAL	Carolin		
em of info	(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Mrs. Emma A. Ca		OVE
ADING INK. Every item cians: please write the car	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	tes ation of scalp iosclerotic card	iovascular dis	ease
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
H	19a. DATE OF OPERATION 19B. MAJOR FIND				YES NO
MITTER IN IN INDOCTANT.	UNDERLYING CAUSE OF DEATH:	NJURY OCCURRE	White Hall, 1 21F. HOW DID INJURY	Y OCCUR?	e exact location)
RITE PL.	the evidence obtained by said Autopsy, and death in my opinion resulted from: 23A. SIGNATURE	Inspection or In	nquiry, find that said d	Inspection or Inquiry eceased died on the, homicide, und	determined [].
PLEA W	24A. BURIAL. CREMA- TION. REMOVAL (Specify) Burial 6/10/52 B	ame of CEMETER	ASSISTANT MEDICAL D. MEDICAL INVESTIGAT RY OR CREMATORY 24D. L Gardens	EXAMINER	7, 1952 (State)
P)	DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	9 -10 1	ADDRESS



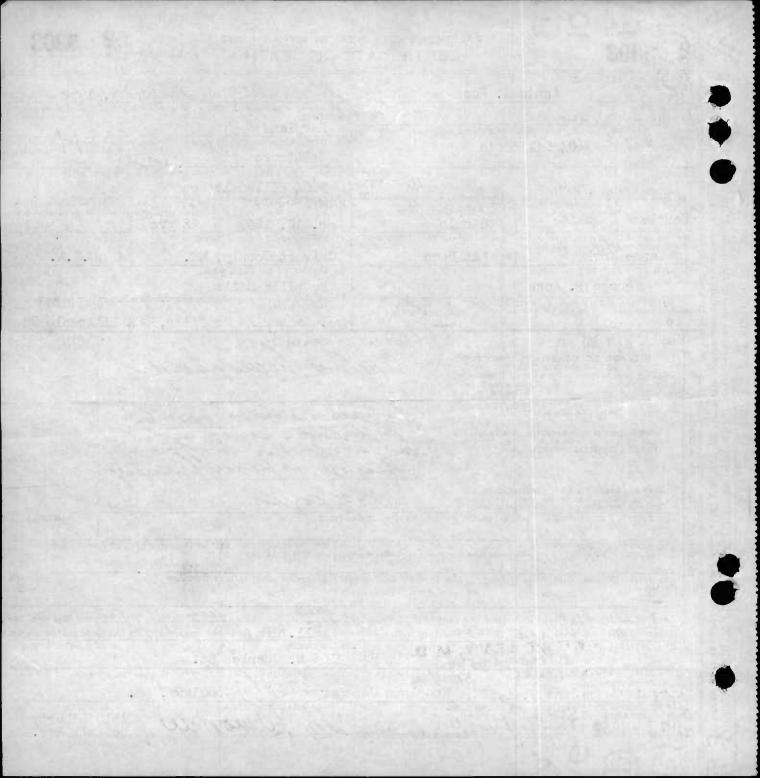
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

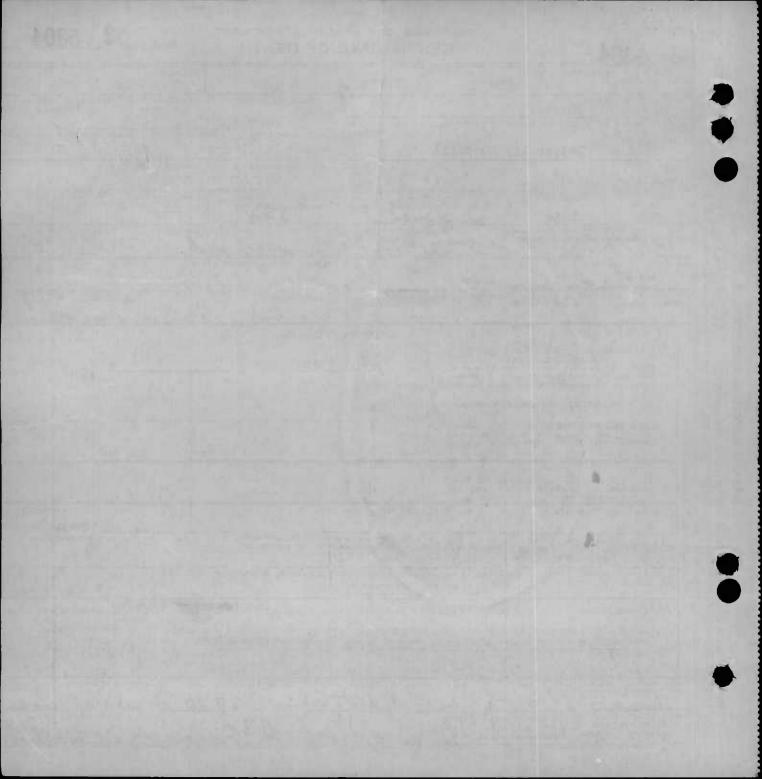
The	2	25302 RTH NO.	ВА	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No	2 5302
car y Air		NAME OF DECEASED Wins	ton Leon	1 Hughes		of June	5,1952
	А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in h DSPITAL OR		est North Ave		th Ave.	stitution: residence before admission)
		STITUTION		iocarion)	Baltimore M	d.	write NVRAL and give township)
		Length of stay in Baltimor			D. STREET ADDRESS (lf r	ural, give location)	
should be	5.	Male White	WIDO	E. MARRIED. WED, DIVORCED (Specify)	July 28,1915	9. AGE (In years Mont last birthday) 36	hs Days Hours Min.
n sho	MOL	A. USUAL OCCUPATION (Give k a done during most of working life, even if re SST Mgr	ndof 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		2. CITIZEN OF WHAT COUNTRY?
NDING information shoul s of death clearly	13	Thomas C. Hug		(^)	14. MOTHER'S MAIDEN NA Anna M. Hick	ME	
BINDING of inform uses of dea	15 (Ye	WAS DECEASED EVER IN U. S. A (If yes, give war o	RMED FORCES?	16. SOCIAL SECURITY NO. 195-07-2931	17. INFORMANT Vernona Henry	ADI	DRESS
EESERVED FOR INK. Every item lease write the ca	FICATION	DISEASE OR CONDITION (This does not mean the mean the failure, asthenia, etc. It injury or complication which was a second to the complex of	DEATH de of dying, e. means the disea ch caused deat AUSES S. IF ANY, GIVI (A) STATING T	g., (A)adva se, h.) DUE TO	of DEATH 815 W.1		interval Between onset and Death
MARGIN F UNFADING Physicians: p	CERTIFIC	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI	BUT NOT RELAT	FD			
lere!	L	19a. DATE OF OPERATION	198. MAJO	R FINDINGS OF OPER			20. AUTOPSY?
NTTF important.	MEDICA	21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTIN CAUSE OF DEATH		ACE OF INJURY (e. g., i ,farm,factory,street,office bldg.,	n or 21C. WHERE DID (If obc.) INJURY OCCUR?	in Baltimore City, giv	e exact location)
A.A. ally in	2	21D. TIME (Month) (Day) (NOT INJURY	ear) (Hour) m.	21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		OCCUR?	
RITE PLA is especially			attended the	and that death occur	rred at 3:00mA, from th	June 5 , 19 52, te eauses and on the	
WRI age is	2.	23A. SIGNATURE 4A. BURIAL, CREMA- 24B. DA N, REMOVAL (Specify)	roll (orde M.D.	238. ADDRESS 2431 Marylan RY OR CREMATORY 240. LC	d Ave	23c. DATE SIGNED 6-6-52 (State)
PLEAS correct	E	Burial June	9,1952 AR'S SIGNAT	Baltimore		Lto. Md.	ADDRESS
[A]	=	THE RECEIVED BY REGISTE	tington	Williams My	Ellsworth Ar		ė•

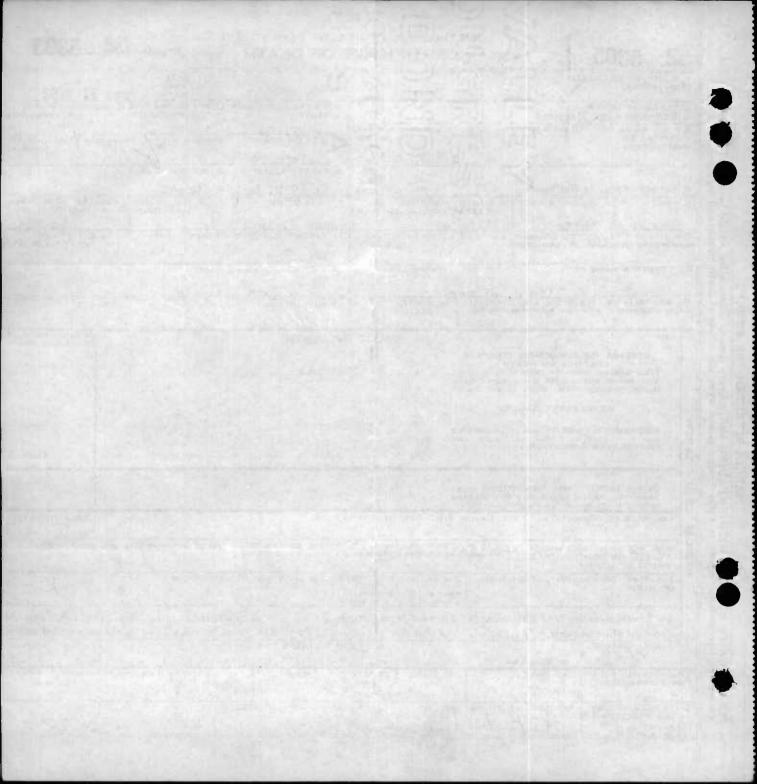
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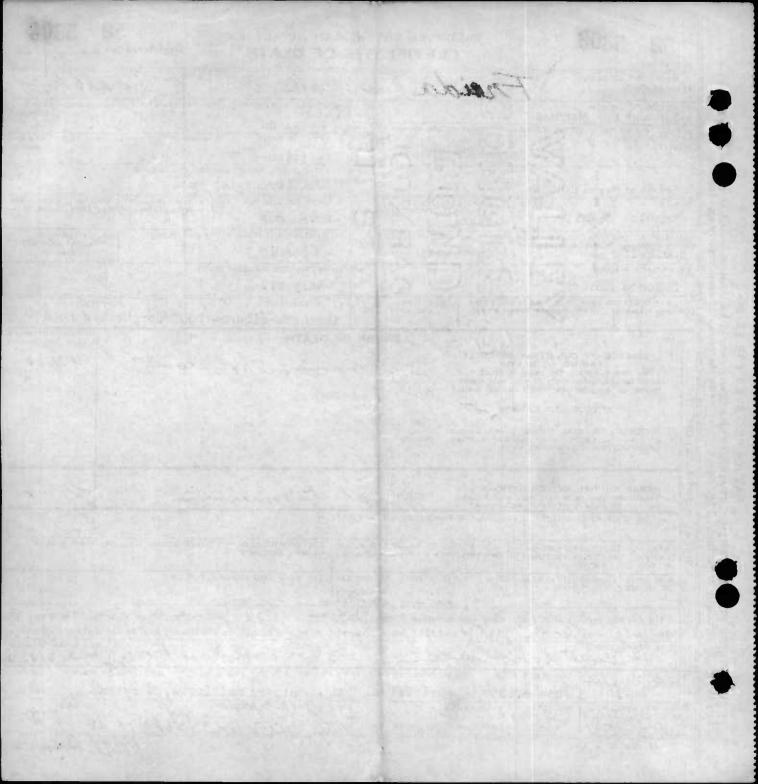
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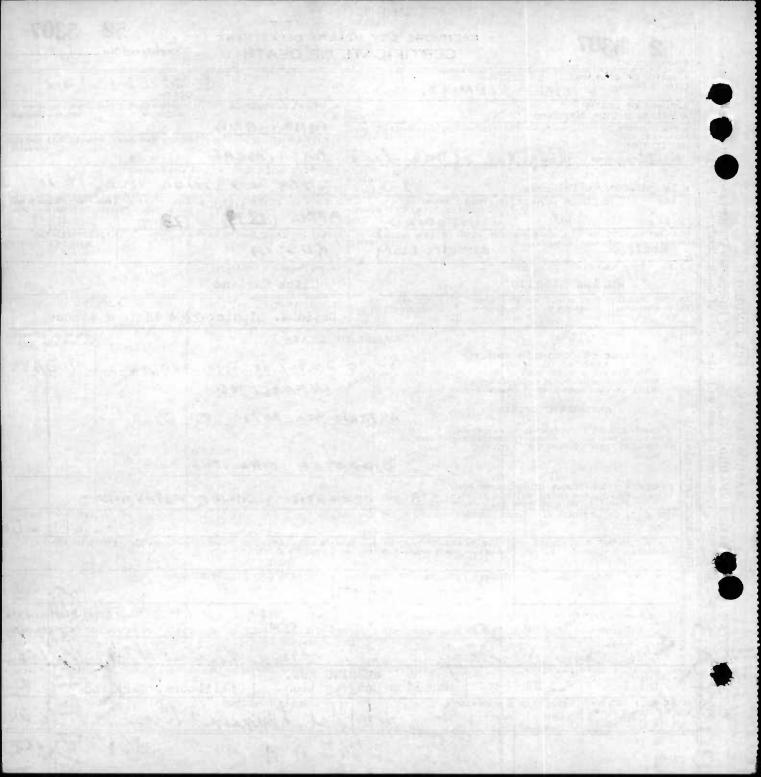
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) Annie E. Ross DEATH June 5, 1952 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, weite HI-HAL and give C. CITY OR TOWN 3604 Hillsdale Road INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. MOK 3604 Hillsdale Road c. Length of stay in Baltimore Day 9. AGE (In years | II Under I Yest | I Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female White Dec. 10, 1859 92 yrs Single 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Calvert County, Md. House Work At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George P. Ross Drusilla Mills 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mrs. Katherine Griffiss, 3604 Hillsdale Rd No CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERAT 20. AUTOPSY? DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK Leave 1 1912 that I last saw the 19__ 22. I hereby certify that I attended the deceased from_ 19 12 and that death occurred at 11,20 PM from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 3103 N. Charles St. 16 15 ME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA SHARD DATEND Woodlawn Cemetery Woodlawn, Md. June 9, 1952 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS AL REGISTRAR 4510 Liberty

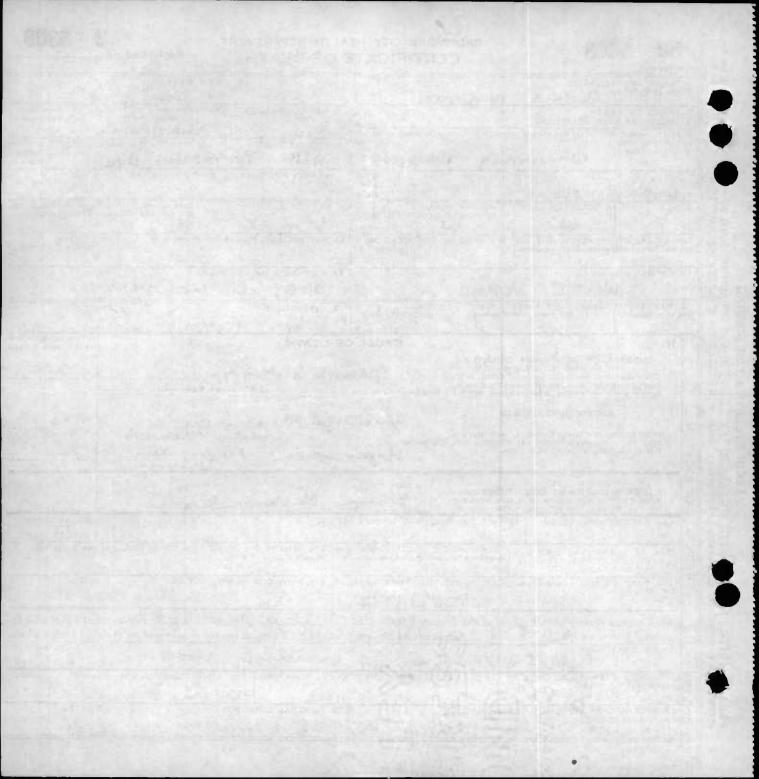






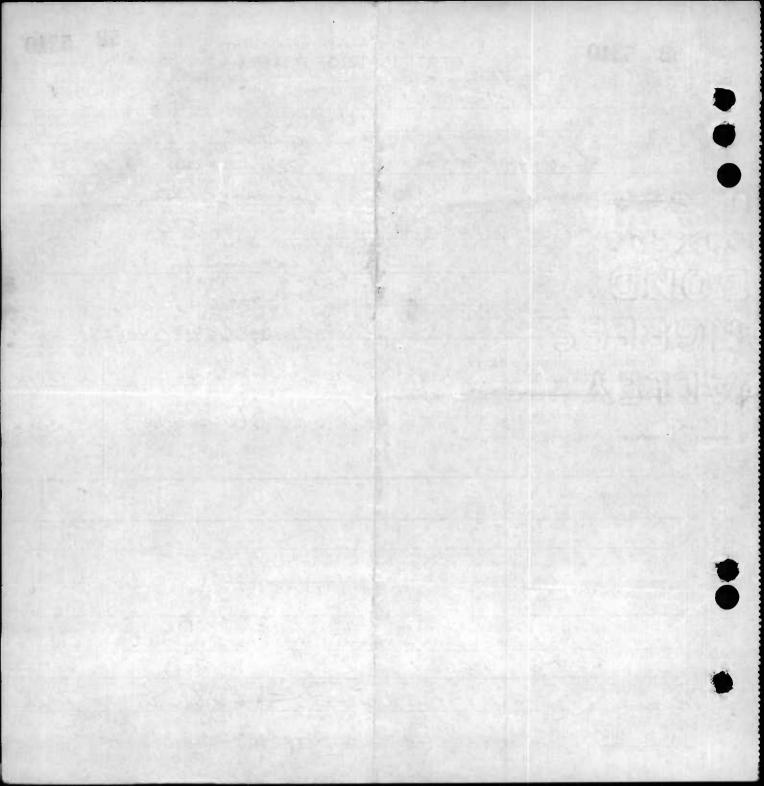






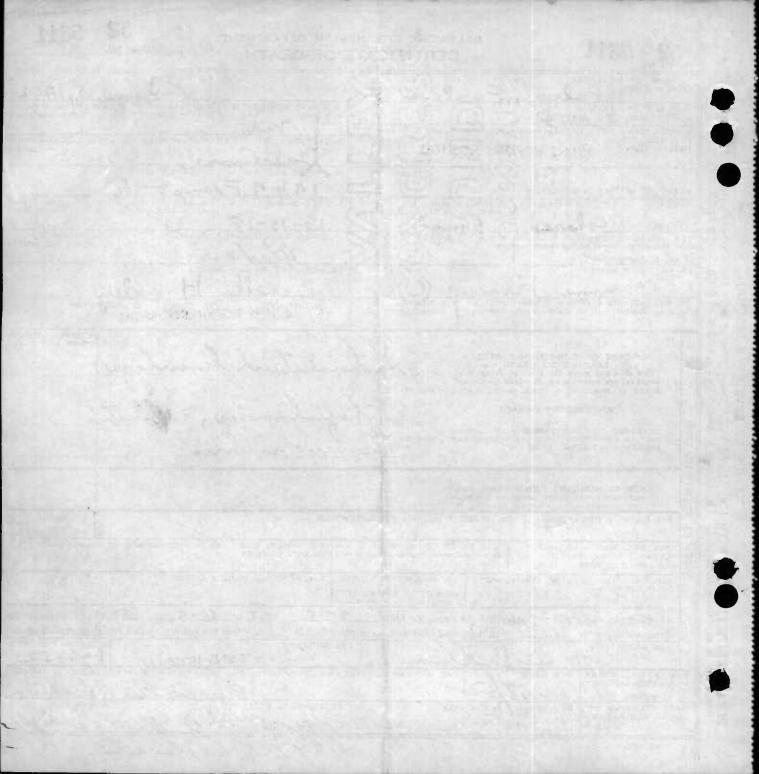
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The		52 5309 RTH NO.		EALTH DEPARTMENT	52 Registered No	5309	
F	1. NAME OF DECEASED (Type or Print) FUND-d Greathouse				2. DATE OF DEATH	15-	
de	A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution : residence before admission)	
	HC IN:	FULL NAME OF (If not in hospi) SSPITAL OR STITUTION Macy Sand 623444	tal or institution, give street address or location	c. CITY OR TOWN (If	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township.		
legibly	H	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 129 Pt Pleasant Rd			
ld be	5.	Mala White		8. DATE OF BIRTH		dei 1 Yest Il Under 24 Hours hs Days Hours Min.	
20 cg #		A. USUAL OCCUPATION (Give kind or done do ning prost of working life, or earlif retired		11. BIRPHPLACE (State or fo	reign country) 1.	2. CITIZEN OF WHAT COUNTRY?	
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f infor	15 (Yes	. WAS DECEASED EVER IN U. S. ARME (, no or unknown) (If yes, give war or dat	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Vauga Treathou	129 Pt. 189	Wishert Rd	
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3 - 1	7	ANTECEDENT CAU	ses &	- Cil phin	tait:	81	
9 0	ATIO	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	STATING THE DUE TO			- Same	
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N E N E	CER	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	NOT RELATED Contagions	lyvoir general	izel.		
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TO d		21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 216. WHERE DID (II	f in Baltimore City, giv	e exact location)	
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FE PL especia	1	22. I hereby certify that I at deceased alive on	tended the deceased from, 19 52, and that death occu	5/31, 1952, to 1	ne causes and on the	that I last saw the	
WRITE e is esp		23A. SYGNATURE	M. D.	238 ADDRESS	n.	23g. DATE SIGNED	
	110	N. REMOVAL (Specify)	52 Cow 8		W. Va.	(State)	
PLEA	Lg	TE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	217 St. Pau	L ST.	
		VS 150	7-73	93	EXZ,		





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The	52 53 BIRTH NO.	311			EALTH DEPART E OF DEAT		Registered No.	COLL
	1. NAME OF DI (Type or Print)	Palmen	Finl	eny			DATE OF DEATH June	5,1952
<u>a</u> -	a. Baltimore C	lity, Maryland	al or institution, g	rive street address or	A. STATE	l,	e deceased lived. If inst B. COUNTY	before admission)
ly.	HOSPITAL OR INSTITUTION	JOHNS HOP	KINS HOSPI		Butt	man	side corporate limits, w	rite RURAL and give township)
l legib	c. Length of st	tay in Baltimore	7. SINGLE, M	Yrs. Mos. Days	D. STREET ADDRE	Far		er i Year If Under 24 Hours
an	mula	Coloned CUPATION (Givekind of	WIDOWED,	DIVORCED (Specify	10-10-	18 State or foreign	last birthday) Month	S Days Hours Min.
on sh	vork done during most o	f working life, even if retired)	IOB. KIND OF	Sen .	ala	bem	al l	. CITIZEN OF WHAT COUNTRY?
deat	13. FATHER'S N	D EVER IN U. S. ARMEI	inley		Bene	lla I	H mylen	
em of inficauses of	(Yes, no or nnknown)			SECURITY NO.	17. INFORMANT	HOPKII	NS HOSPITAL	RESS
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hys	W TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED					
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ully	OF INJURY	(Month) (Day) (Year	(Hour) 21E. WHILI M. WOI			INJURY O	CCUR1	SINGE IN
ITE PI especia	22. I hereb deceased al			that death occu	5-15, 1952 rred at 8 5 Pm.		causes and on the	hat I last saw the date stated above
WRITE	24A. BURIAL, C	Permane REMA- 248. DATE	L. XA	M. D.	23B. ADDRESS LOHNS H ERY OR CREMATORY	OPKINS I	HOSPITAL ATION (City town, or	6-6-52
PLEA	DATE RECEIVE	D BY REGISTRAR	\$ SIGNATURE	iagus MZ	25. FUNERAL DIR	Oper	laika a	Clabama DDRESS Daught
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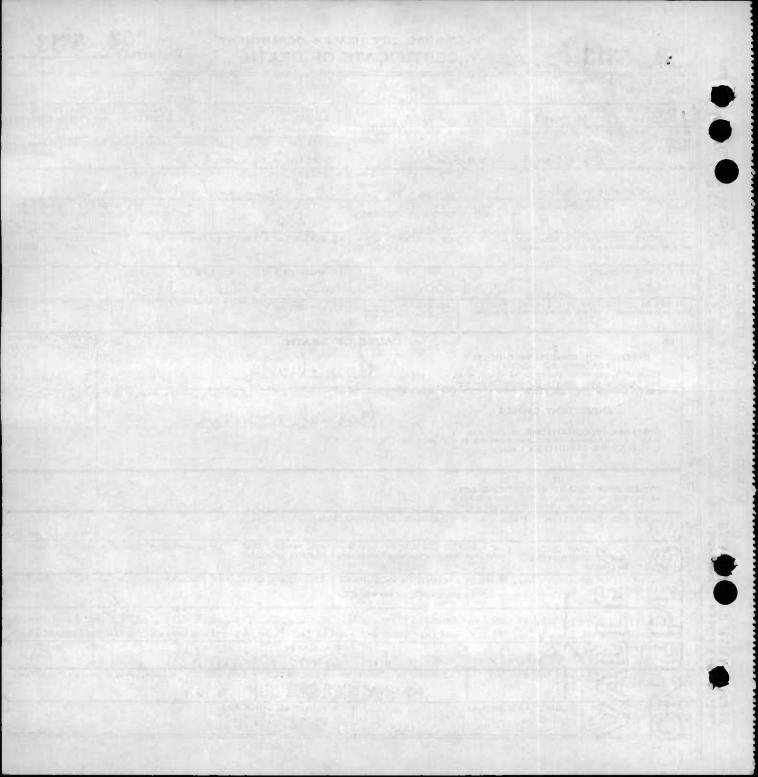
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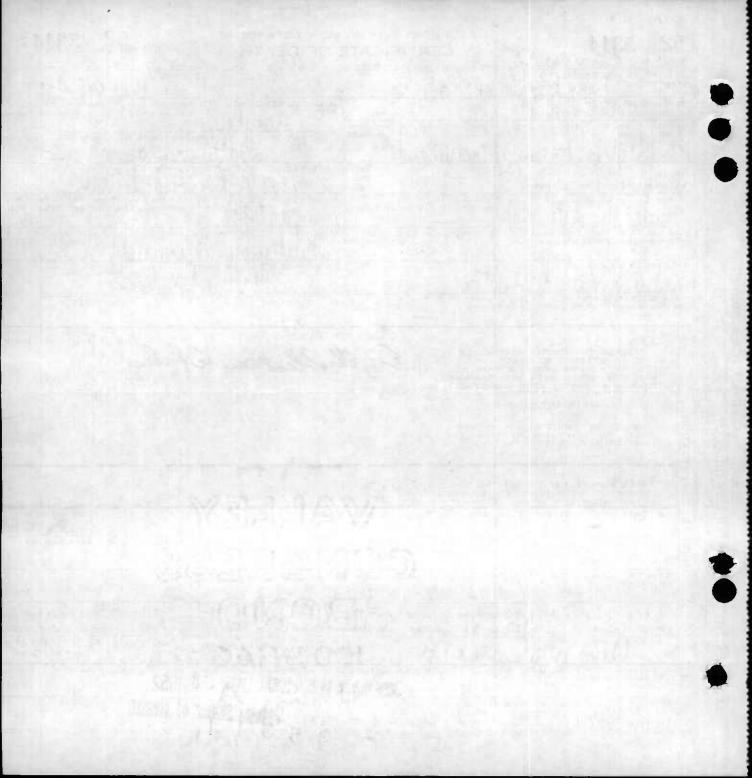
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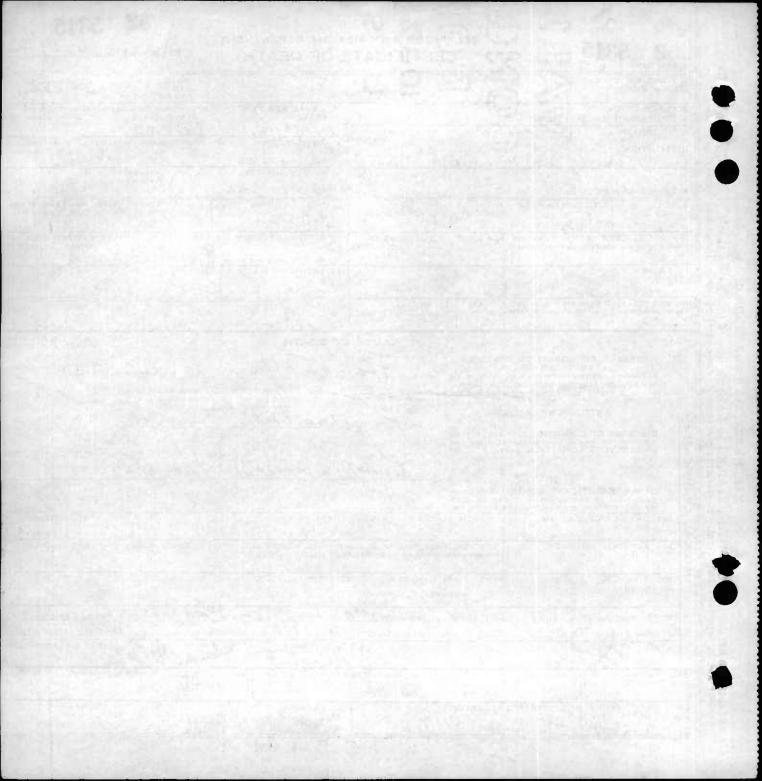
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	2	BALTIMORE CITY HEALTH DEPARTMENT 52 5316 Registered No. 5316								
	1. NAME OF DECEASED 2. DATE									
	3.	PLACE OF D		IRh!	PAVIS	4. USUAL RESIDENCE (W)	DEATH nere deceased lived. If inst	titution : residence		
		FULL NAME	City, Maryland OF (If not in hospit	al or institut	tion, give street address or	A. STATE	B. COUNTY	before admission)		
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			CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN				
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	15	. WAS DECEASE	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	ADDI	BECC		
	(Yes	, no or nnknown)	(If yes, give war or date	e of service)	SECURITY NO.	Mother.	Oho			
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	injury or complication which caused death.) OUE TO									
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		OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		OCCUR?			
	m. WHILE AT NOT WHILE AT WORK									
		22. I hereby certify that I attended the deceased from 5. ×8 , 1951, to 5. >8 , 1952, that I last saw the								
3		deceased alive on 5. >8, 1952, and that death occurred at m., from the causes and on the date stated above.								
		23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNER 5. X8.52								
	TIC	A. BURIAL, (S) N, REMOVAL (S	GREMA- Specify)		24c. NAME OF CEMETE	PANS MEDICAL SCHOOL JUN	3 1952	county) (State)		
		TE RECEIVE	RAR IL	SSIGNATI	Williams M.	25. FUNERAL DIRECTOR	Ol licana	DDRESS		
		VS 150		0		5 3 1 13 13				

AUTO DE LA CONTRACTOR D

6-7-T952

before admission)

township)

12. CITIZEN OF WHAT COUNTRY!

ADDRESS

If Under 1 Year

DNSET AND DEATH

INTERVAL BETWEEN

.. 1952 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

Taylor Avenue, Balto: Nounty Md.

ADDRESS

RESTRICTED SHIPPIT . C DEGIT 到是主任 特局 with the state of the state of . Al where the whork with the Thomas J. Mark, Loc. - 1705 Ray Conv. J. Securit

5%	2 5318
Registered ?	No.
DEATH	- 1952
re deceased lived. If B. COUNTY City	institution: residence before admission)
tside corporate limi	ts, write RURAL and give township)
al, give location) treet	
	M Under 1 Year on this Days Hours Min.
gn country)	12. CITIZEN OF
E	
ridge-I523	Holbrook St.
1	ONSET AND DEATH
chose	2 ters.
ntensu	ve >
e	1

(If ou

BALTIMORE CITY HEALTH DEPARTMENT

20. AUTOPSYT YES No (If in Baltimore City, give exact location)

24D. LOCATION (City, town, or county)

195 that I last saw the

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

m., from the causes and on the date stated above. 23C DATE SIGNED

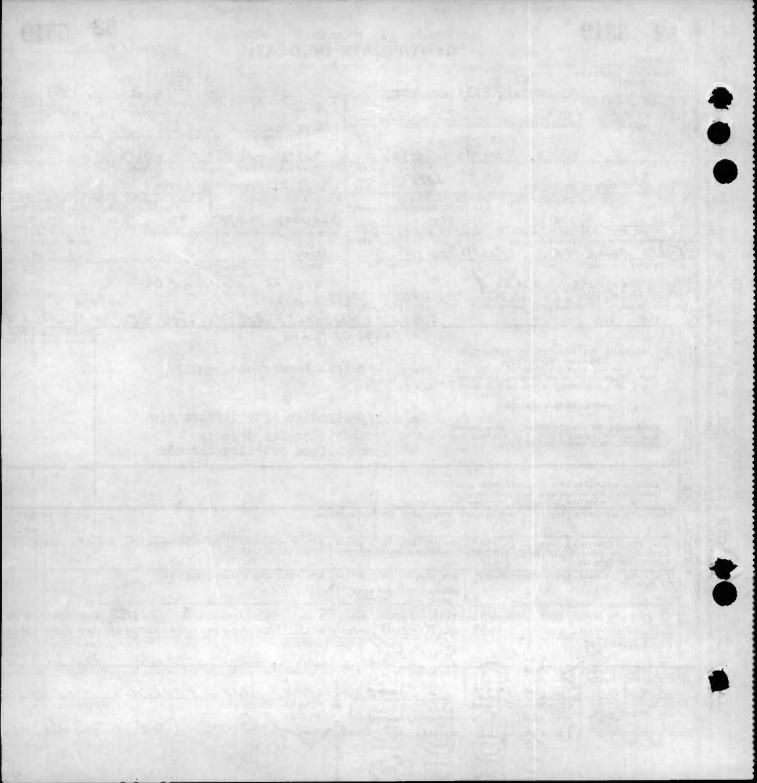
to

Sacred Heart Cemetery, Conpwaga, Adams Co: Penna.

ADDRESS George J.Ruth, Inc .- 1735 Harford Avenue

VS 150

STS . ST YZMINOD : ared paled AMAGE TO SERVICE OF THE PARTY, USE ARREST AND STREET Charles V. Serting Line - Dellar tops V. mattonly



MARGIN RESERVED FOR BINDING

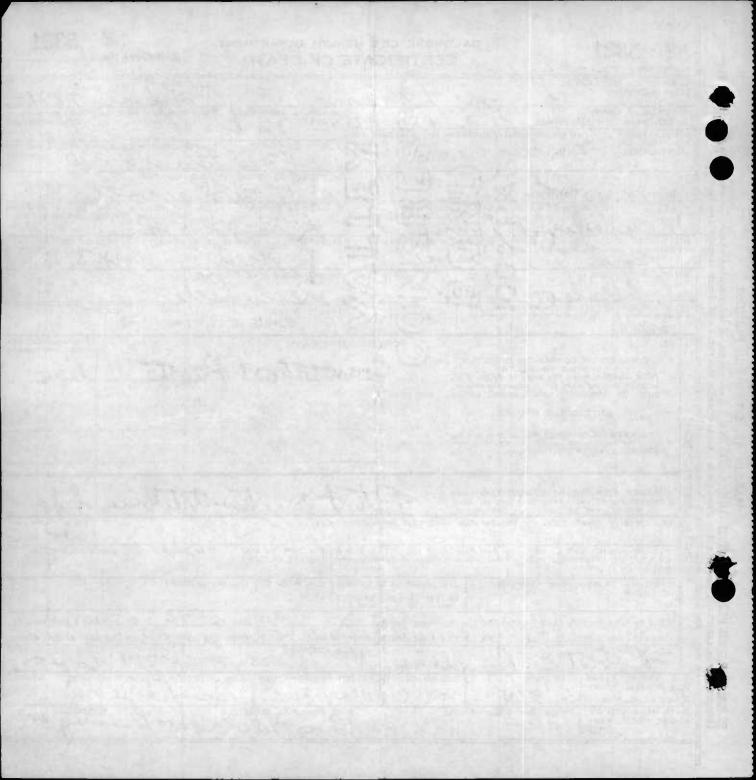
	52	5320
4-	450	REA-159651
0)	

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BALTIMORE CITY HEALTH DEPARTMENT

52 5320

BIRTH NO	,		CERTIFICAT	E OF DEATH	Registere	Registered No		
(Type or P			Pat Hill		2. DATE. OF DEATH Jun	e 7, 1952		
B. FULL N	OF DEATH: ore City, Maryland AME OF (If not in hospit	al or instituti	ion, give street address o	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission Maryland				
HOSPITAL INSTITUTI	ON Baltimore Ci		itals location					
	of stay in Baltimore	1	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1061 W. Lexington Street-17				
5. SEX	6. COLOR OR RACE	MIDOM	MARRIED, ED, DIVORCED (Specify idowed	8. DATE OF BIRTH	9. AGE (In years			
work done durin	L OCCUPATION (Give kind of g most of working life, avan if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHE	George H	111		14. MOTHER'S MAIDEN N	14. MOTHER'S MAIDEN NAME Ann Chambers			
15. WAS DE (Yee, no or unk	CEASED EVER IN U.S. ARME nown) (If yas, giva war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. H	. 4940 East	ADDRESS ern Avenue		
Z DISE RISE UND TRIBE	ANTECEDENT CAUSE II ER SIGNIFICANT CONDITION UTING TO THE DEATH, BUT	ns the disease caused death. SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE.	(B)	sthetic hypertrop	ho	Unknown		
_	TE OF OPERATION		FINDINGS OF OPER		***	20. AUTOPSY?		
21A. A. LYING LYING	21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give							
210. TI								
deceas	ereby certify that I atted alive on 6-7 GNATURE		and that death occur	, 10, 00	the causes and or	2_, that I last saw the the date stated above 23c. DATE SIGNED 6-8-52		
Deer Deer		152	Farmsvill	RY OR CREMATORY 24D. L	OCATION (City, to	wn, or county) (State)		
LOCAL RE	GISTRAR - 1952 + Luntin	ator 1	Eliaus, M.P.	Elioy Will	on 1 m	ADDRESS		



BINDIN

512 CARROLLTON

before admission)

If Under 1 Year

ADDRESS

12. CITIZEN OF

U.S.A.

WHAT COUNTRY?

Edmonson An

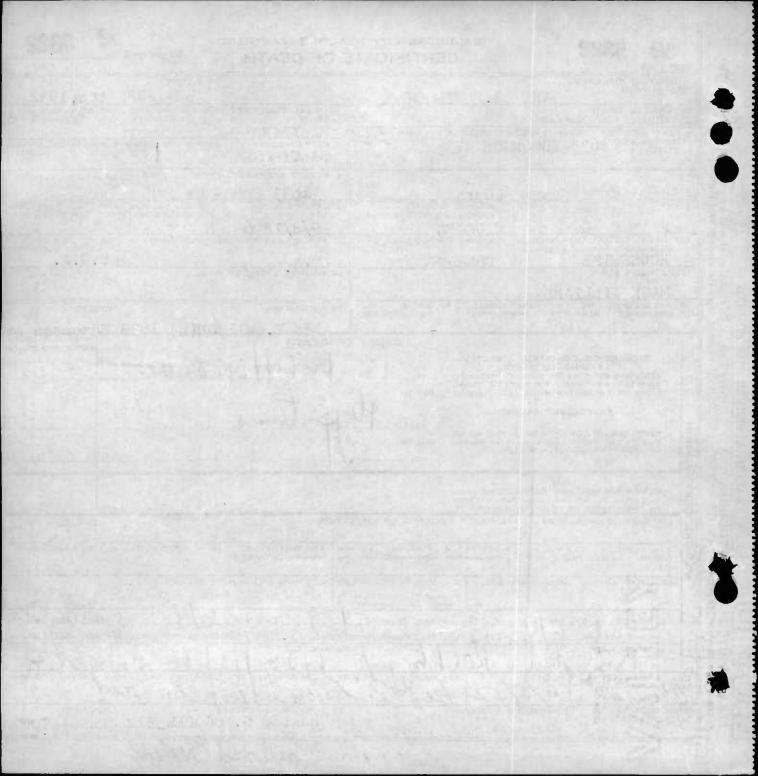
ONSET AND DEATH

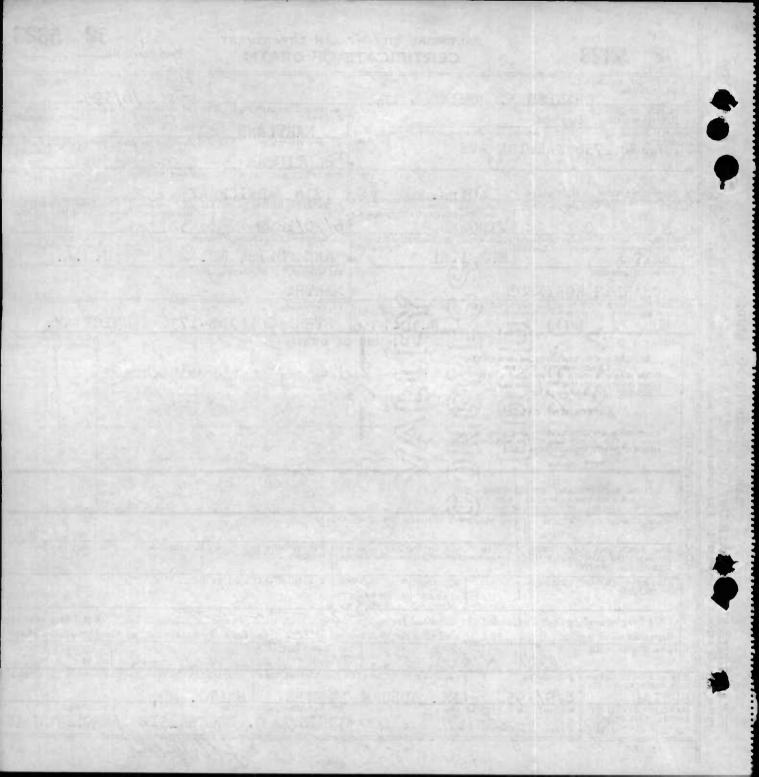
20, AUTOPSY

I that I last saw the

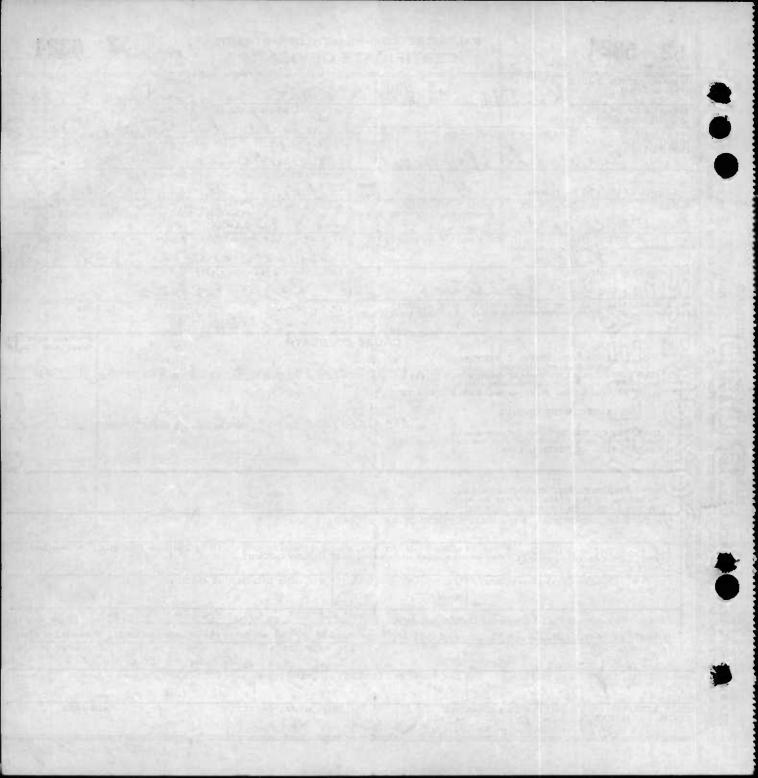
23c, DATE SIGNED

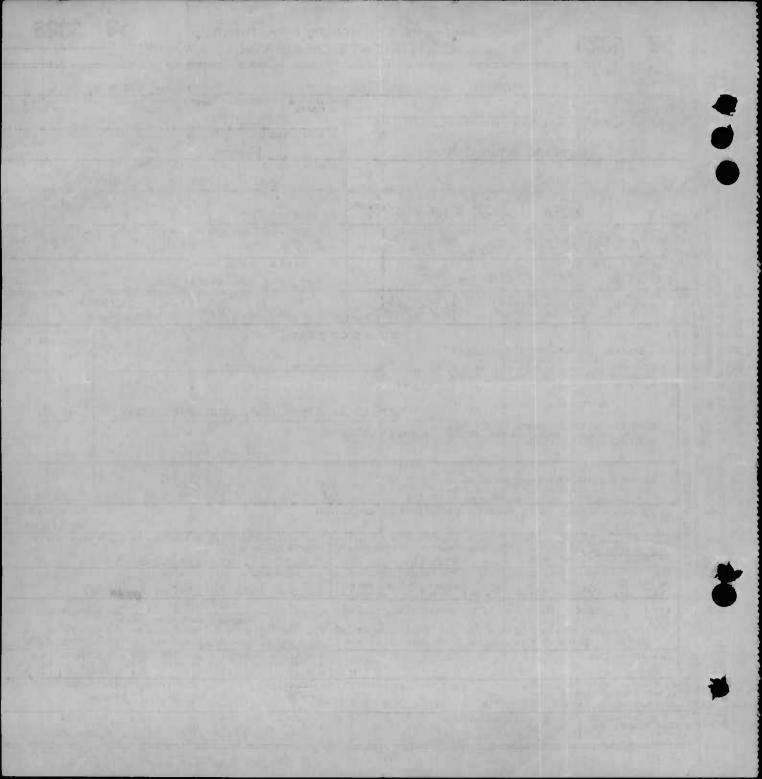
ADDRESS

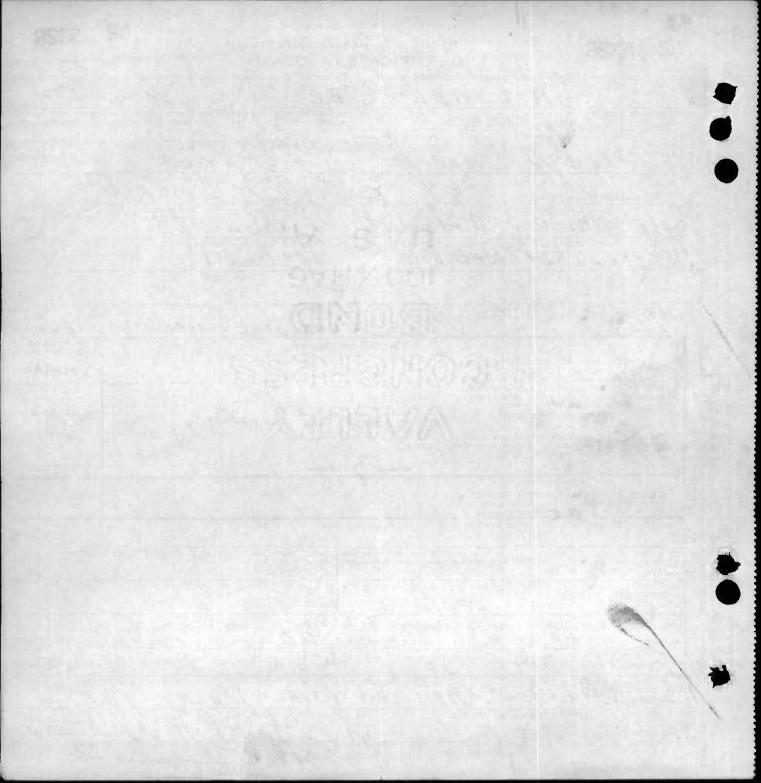


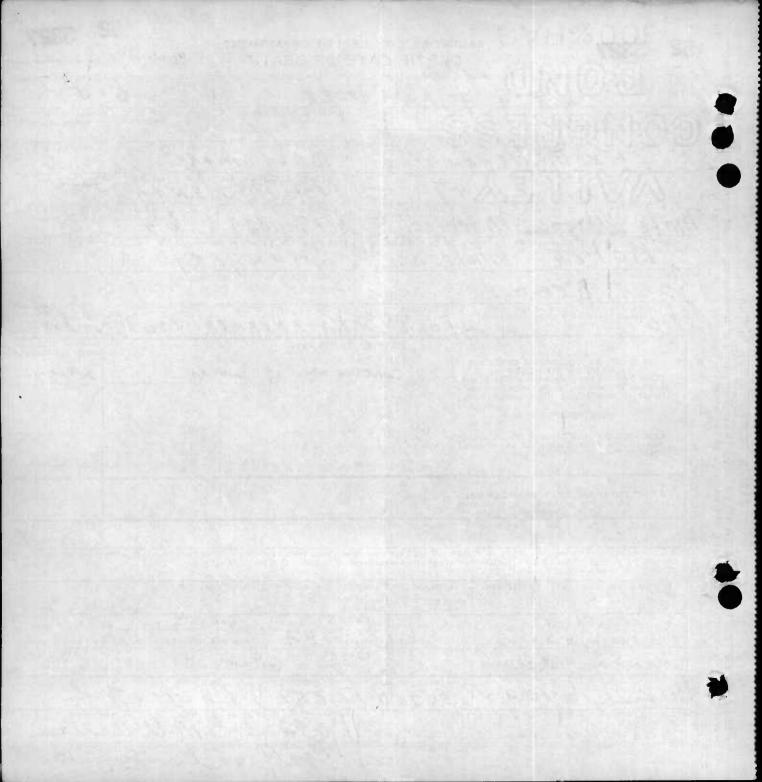


MARGIN





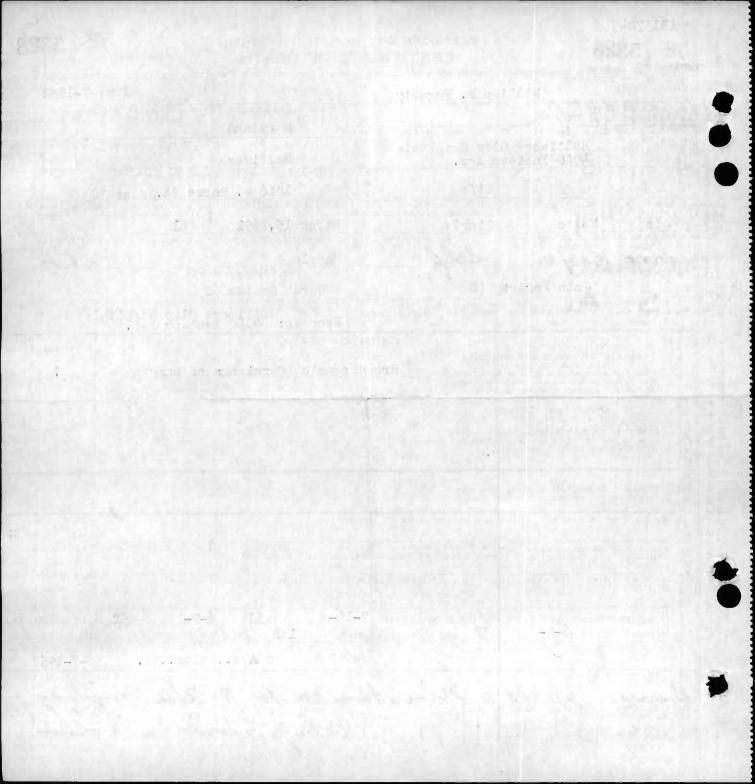




BALTIMORE CITY HEALTH DEPARTMENT

52 Registered No. 5328

BIRTH NO.			CERTIFICAT	E OF DEATH	Neg istered	110
1. NAME OF C (Type or Print)		17.1			2. DATE OF	7 1050
3. PLACE OF D		lliam B.	Fogarty		DEATH	une 7-1952
A. Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	If institution; residence before admission
B. FULL NAME HOSPITAL OR			ion, give street address or location)			
INSTITUTION	Baltimore	City H	ospitals	C. CITT OR TOWN	If outside corporate lin	nits, write RURAL and give
-51	4940 East	ern Ave	• Yrs.	Baltimore o. STREET ADDRESS (I	f mural give location)	0
c Length of s	stay in Baltimore	Life	Mos.			. 00
5. SEX	6. COLOR OR RAC	E 7. SINGLI	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 House
Male	White	Sing.	VED, DIVORCED (Specify)	March 15,1891	last birthday)	Months Days Hours Min.
10A. USUAL OC	CUPATION (Give kind	of 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
vork dots during most	of working life, even if retire	So	INDUSTRY	Maryland		WHAT COUNTRY
13. FATHER'S		1 2 00	O Gen Adea	14. MOTHER'S MAIDEN I	NAME	N P A
	John Foga	rty (D	(19)	Sarah Benton	(D	
15. WAS DECEAS	ED EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL		•	ADDRESS
•	-		SECURITY NO.	Records: 4940	Eastern Ave.	itals
18. 162	X		CAUSE	OF DEATH		INTERVAL BETWEEN
	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This does	not mean the mode	of dying, e. s	Bronch	ogenic Carcinom	a of Lung	?
	re, asthenia, etc. It m complication which					
	ANTECEDENT CAL	JSES				
Z	S OR CONDITIONS,		(B)	*****		
RISE TO T	THE ABOVE CAUSE (A) STATING TH				
S ONDERL	TING CONDITION	LASI.	(C)		•••••	
DISEASE: RISE TO T UNDERLY OTHER S	П					
OTHER S	IGNIFICANT CON					
O TO THE D	ISEASE OR CONDITIO	N CAUSING I	т			
A SOLIE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		YES NO
21A. ACCIE	ENT WAS UNDER-		ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	
CAUSE OF	R CONTRIBUTING[about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
210. TIME	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
OF INJURY		m.	WHILE AT NOT WHILE			
22. I hereh	y certify that I a			14- 1952 to	6-7- 105	2, that I last saw the
deceased a	live on 6-7-			rred at 1 P m., from	the causes and on	the date stated above
23A. SIGNA		16	- 12	238. ADDRESS		23c. DATE SIGNED
	9. 1	· Cu	M. D. 4	940 Eastern Ave.,	Balto.,Md.	6-7-1952
24A. BURIAL, TION, REMOVAL (S		1	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
Gurial	1 6/10/	5-2	Alen Hay	en Ment PR.	etchie 7	eghwes
LOCAL REGIST		R'S SIGNATL	RE LIVE MED	25. FUNERAL DIRECTOR	E 0	90 NORGES VY.
JUN 9 -	1952 1 June	ngrow 1	musicus in a	to me 9 600	vandom -	Hollins
VS 150	4 438	0	0 - 1			
			2-9066			

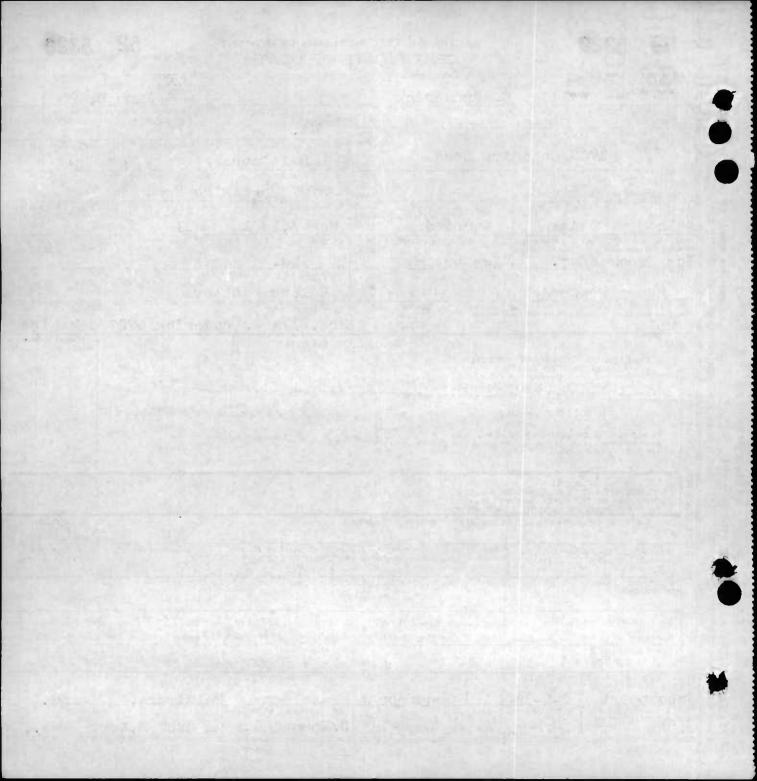


36	
52 5	329
IRTH NO.	
NAME OF C	DECEASE
Baltimore	City, M
FULL NAME OSPITAL OR NSTITUTION	of (
Length of	
. SEX	6. COL

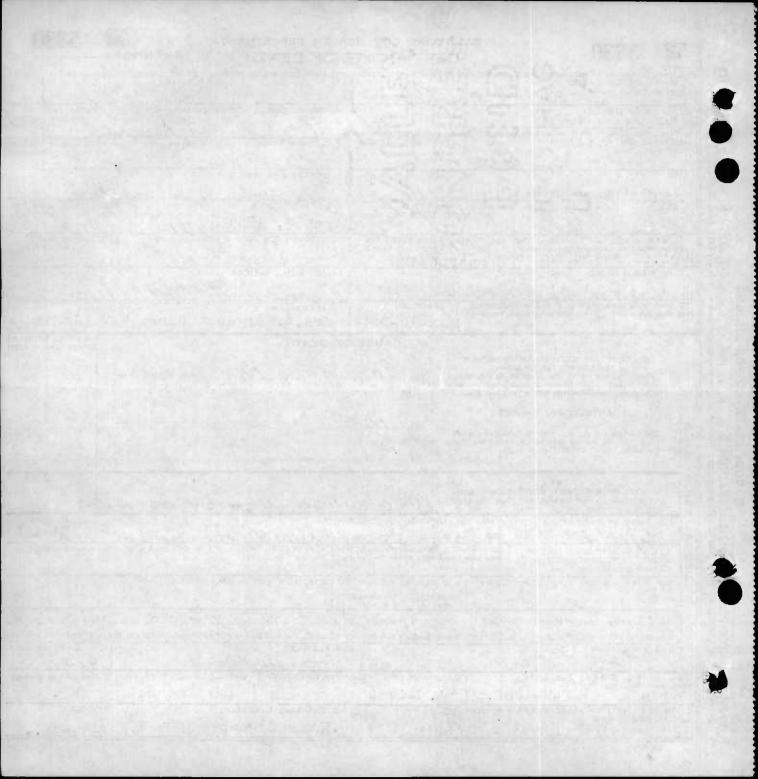
VS 150

BALTIMORE CITY HEALTH DEPARTMENT

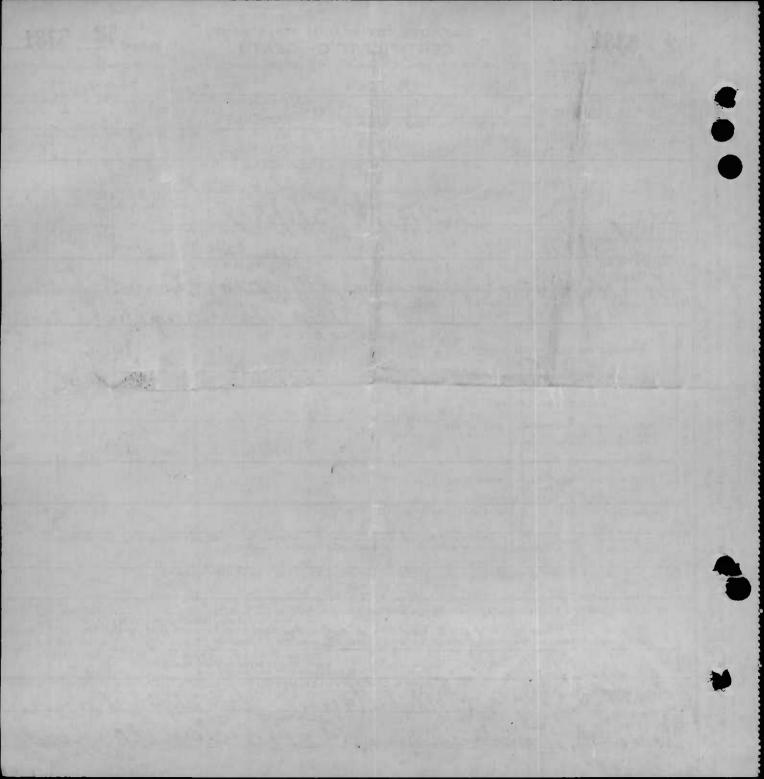
he	В	IRTH NO. CERTIFICA	TE OF DEATH Registered No.
H	1.	NAME OF DECEASED (ype or Print) William C Unodomials	2. DATE
D	_	MITITISH O. LLOGGLICK	DEATH June 6, 1952
Id	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	H	OSPITAL OR location	
IA.		5707 Cakshire Road	Baltimore 27-/ Township)
egib		Yrs Mor	EMON Attachine Pood
- band	_	Length of stay in Baltimore Day SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Vader 1 Year 1 If Vader 24 Hours
ld	****	ale White Married (Special Control of Contro	May 3, 1861 91 Months Days Hours Min.
shou	1 C	DA. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
cle		ce Cream Mfgr. Ice Cream	Md.
nati	13		14. MOTHER'S MAIDEN NAME
orn	15	Henry Frederick 5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL	Helene Winkler
information s of death cle	(Ye	ss, no or unknown) (If yee, give war or dates of service) SECURITY NO	
of			Mrs.Ella W. Frederick 5707 Oakshire
Every item write the cau		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
y i		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ema & Congestary vent
Ever		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ne es a sevelt
-		ANTECEDENT CAUSES	enile arterioreluste
INK.	ZO	DISEASES OR CONDITIONS, IF ANY, GIVING	Dine.
	F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	dis vortice
UNFADING Physicians: 1	RTIFICA	(C)	
AD	TIF	II CONTRACTOR OF THE CONTRACTO	
NF	111	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
	U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY?
WITH rtant.	CAL		YES NO
W	EDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (c. g about home, farm, factory, street, office bld	., in or 21C. WHERE DID (If in Baltimore City, give exact location) g.,etc.) INJURY OCCUR?
7	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RRED 21F. HOW DID INJURY OCCUR?
ally		m. WHILE AT NOT WHI	
re PL	1	22. I hereby certify that I attended the deceased from	195, to the 6, 195, that I last saw the
RITE is esp		22. I hereby certify that I attended the deceased from deceased alive on 19, and that death occ 23A. SIGNATURE	surred at 4.70 m., from the causes and on the date stated above.
VRI		Variable de la la	238. ADDRESS 23C. DATE SIGNED
T. O.	24	M. D. 4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME ON, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
A.S.		1 1 1 0 0 2020	Mausoleum Baltimore, Md.
PLE, corre	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
E P	J	UN9-1952 Huntington Willeaus, My	G. HowerdoStrong 3207 W. North Ave.,



B-1	E	52 5330 BALTIMORE CERTIF	CITY HEALTH DEPARTMENT FICATE OF DEATH Registered N	- 0000
AS WRITE PLANTH UNFADING INK. Every item of information should be caully plant of the causes of death clearly and legibly.	1. (T 3. A. B. H(V) IN	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	location) C. CITY OR FOWN (If outside corporate limits of the corporate limit	Under I Year and Sive township) Under I Year Hours Min. 12. CITIZEN OF WHAT COUNTRY TO THE STATE OF THE STA
	T10	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21o. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased for deceased alive on 192, and that deceased alive on 23a. SIGNATURE	OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK POME AT WORK 23B. ADDRESS M. O. OF CEMETERY OR CREMATORY 240. LOCATION (City, town, some content of the content o	yes No
PLEA		ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE UN 9 - 1952 VS 150 VS 150	25. FUNERAL DIRECTOR	ADDRESS



	52 5331 BALTIMORE CITY HE BIRTH NO. 52 - 04768 CERTIFICATE	7.3.31
	1. NAME OF DECEASED (Type or Print) BARBARA ROBINSON	2. DATE OF June 7, 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. COUNTY Maryland
	B. FULL NAME OF Figure 1 or institution, give street address or HOSPITAL OR Institution University Hospital	c. CITY OR TOWN (If outside corporate limits write to RAL and give township
$\ $	Yrs.	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore Mos. Days	537 Dolphin Street
	5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOVED, DWORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under 17 9 1 1 Under 24 Rount last birthday) 1
	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY	11. ByRTHy LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	13. FATRER'S, NAME	14. MOTHER'S MAIDEN NAME
	Edward Kolinson	Marion Daughtery
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT CADDRESS
	18. 754.4 CAUSE	IN WILLOW SOUGH OF STATE BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET DEAT
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	tal heart disease
	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
I	(R)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
1	(c)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) (C) (C) (C) (C) (C) (C) (C	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
	21a. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., et	INJURY OCCUR?
	Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
	22. I certify that I took charge of the remains described at	
1	and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above $\square X$ accident \square , suicide \square , homicide \square , undetermined \square .
	23A. SIGNATURE William World M.	
	240. BURIAL, CREMA-1 24B DATE 24C. NAME OF CEMETER TIPU EMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUN 9 - 1957 Huntington Williams	25 FUNERAL DIRECTOR ADDRESS
	VS 151	Hellow.



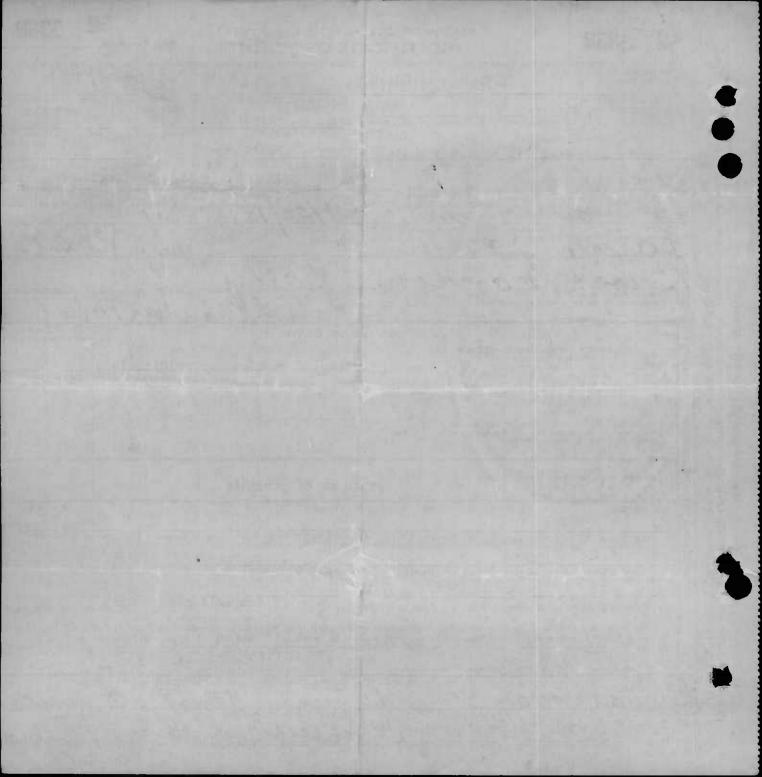
	65 BIRTH	3 5332
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BALTIMORE CITY HEALTH DEPARTMENT

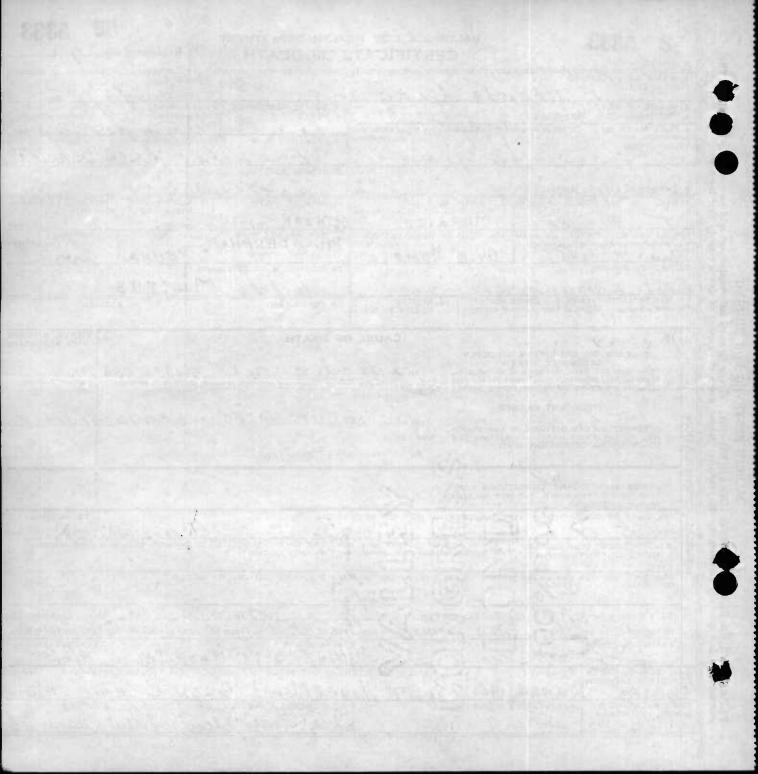
52 5332 Registered No.

tell au.

В	IRTH NO.		C	ERTHICATE	OF DEATH		
	NAME OF D Type or Print)		CHARLES	BRANDON		of June 6	6, 1952
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution; residence before ndmission)
B. H	FULL NAME OSPITAL OR ISTITUTION		tal or institution,	give street address or location)	Maryland c. CITY OR TOWN (If	f outside corporate inits,	write RVRAL and give
3	16	Frankli	n Square H		Baltimore		township)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If 1110 W. I.	exington Street	et
5.	SEX	6. COLOR OR RACE		ARRIED. DIVORCED (Specify)	8. DATE OF BIRTH		nder i Year li Under 24 Hours hs: Days Hours Min.
_	ale	colored	W	U	1/22/18/8	74	
WOT	k dane during most	CUPATION (Give kind of working life, even if retired)	Fan	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 1	WHAT COUNTRY?
13	S. FATHER'S N	CK BT	and	on.	14. MOTHER'S MAIDEN N.	AME ?	
15 (Ye	MAS DECEASI	ED EVER TN U.S. ARME (If yes, give war or dat	D FORCES? 16 es of service)	SECURITY NO	13. INFORMANTE BALL		oress 10Wden
	18. 443	x and 1	77 X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					ONSET AND DEATH
	heart failu	LEADING TO DEA s not mean the mode are, asthenia, etc. It me complication which	of dying, e. g., ans the disease,	(A)Hypert	ensive cardiovaso	ular disease	
		ANTECEDENT CAU	SES				
z	DISFASE	S OR CONDITIONS,	IE ANY CIVING	(B)	••••••	***************************************	****
0	RISE TO T	THE ABOVE CAUSE (A)	STATING THE	DUE TO			
Y U				(C)			
ERTIFICATION	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED	Carcin	oma of prostate		
Ü				NDINGS OF OPERA	ATION		20. AUTOPSY7
AL							YES NO X
EDICA		NAL CAUSE WAS G OR CONTRIBE CAUSE OF DEATH	about home, farm, f	OF INJURY (e. g., in actory, street, office bldg., et	or 21c. WHERE DID (I	f in Baltimore City, giv	e exact location)
Σ	OF INJURY	Month) (Day) (Year) (Hour) 21E. WHILE m. WOE		D 21F. HOW DID INJURY	OCCUR?	
ı	22. I certij	fy that I took cha			bove, held an inspect	tion & inquiry	thereon and from
i	the evi	dence obtained by	said Autopsu	. Inspection or In	Autopsy, liquiry, find that said de [A], accident [I], suicide	Inspection or Inquiry eccased died on the	day stated above.
	23A. SIGNAT	ilen 8.0	Durla	P.	23B. CHIEF MEDICAL I ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT	EXAMINER 23c.	DATE SIGNED
16	BURIAL, CON REMOVAL (S	REMA- 24B. DATE	15 2 24c.	NAME OF CEMETER		CATION (City, town, or	
DA LC	ATE RECEIVED	RAR	SSIGNATURE	acus. Mar.	25. FUNERAL DIRECTOR	Color to	ADDRÉSS I
V	S 151	13321	1	600	working	The second	7 18 Douga
							/ 11 / 12/

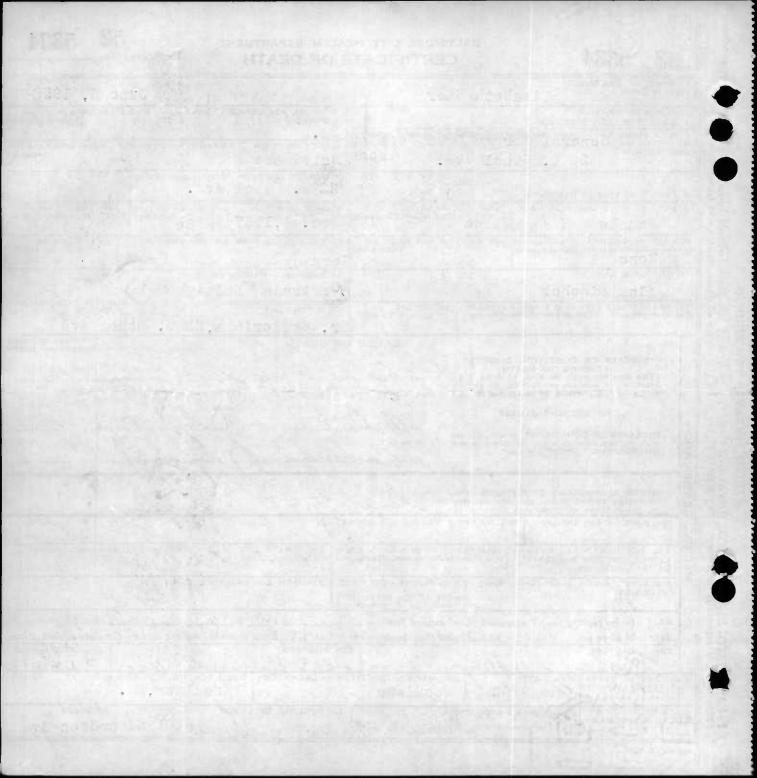


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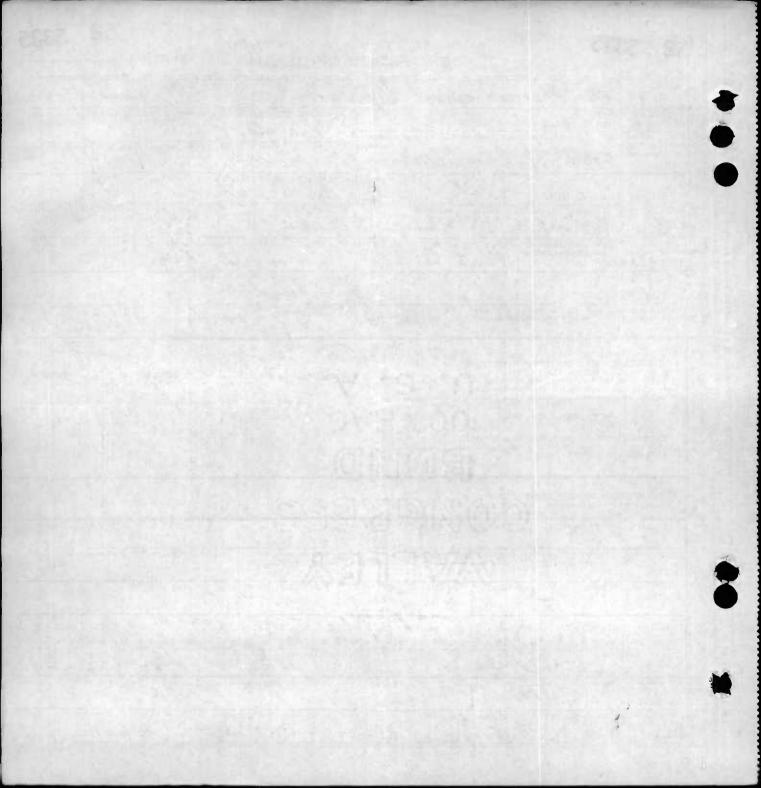


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Č	y impor
PLA	eciall
RITE	s esp
WI	are is especia
SAS	ect

ВІ	52 5334 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT 52 5334 E OF DEATH Registered No.
1.	NAME OF DECEASED Print Baer Elizabeth Baer	2. DATE OF June 6, 1952
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence, A. STATE B. COUNTY before admission
B. HC	FULL NAME OF (if not in hospital or institution, give spect address or STITUTION 22 S. Thol Ave. Home	
c.	Length of stay in Baltimore 60 yrs Mos. Days	D. STREET ADDRESS (If rural, give location) 22 S. thol Ave.
	Female Wildow Married. (Specify)	B. DATE OF BIRTH 9. AGE (In years 1 Under 1 Year 16 Under 24 Iller 1
work		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
13	Adam Fischer	Gertrude Ludwig
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s, no or unknown) (If yes, sive war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
		Sr. Fredericka, 22 S. Athol Ave
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	cenano D Symunif
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Sty + Extensible 120, AUTOPSY
DICAL	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (c. g., in Lying OR CONTRIBUTING about home, farm, factory, street, office bidg.,	No 21c. WHERE DID (If in Baltimore City, give exact location)
ME	CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from Leadeceased alive on 6-6-, 1952, and that death occur	rried at 7:50 f.m., from the eauses and on the date stated abou
	23A. SIGNATURE AND M.D.	4605 Elmershy Uno 7 June 5
24	4A. BURIAL, CREMA 24B DATE 24C, NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State
24 TIC	Burial June 9/52 Woodlawn	RY OR CREMATORY 24D. LOCATION (City, town, or bounty) (State



L	1	16 ,1000	EALTH DEPARTMENT	Registered N	52 5335
The	****	RTH NO. CERTIFICAT		·	
8		NAME OF OECEASED Harry Samuel Lips	man	2. OATE OF OEATH	ne 8 1957
lly pli	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who A. STATE	ere deceased lived. If in B. COUNTY	nstitution: residence before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION 3900 Helton Nd.		itside corporate limit	write BURAL and give township
e ca legi.	-	Length of stay in Baltimore Yrs. Mos. Days	3900 Hello	ral, give [ocation)	
uld be	79	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	March 4, 1896		duder I Year If Under 24 Hours ths Days Hours Min.
n sho	work	A. USUAL OCCUPATION (Give kind of los KINO OF BUSINESS OR INDUSTRY Salesman	11. BIRTHPLACE (State or fore	mef.	2. CITIZEN OF WHAT COUNTRY
NDING information should be ca	13	Charles (M)	14. MOTHER'S MAIDEN NAM	1E	
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н.	AL	19A. OATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
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		22. I hereby certify that I attended the deceased from deceased alive on 210 2 and that death occur		4xe 8, 19 4"	That I last saw the
WRIT.		23A. SIGNATURE	23B. ADDRESS J. Pau	e St.	23 DATE SIGNED
		AA. BURHAL, CREMA- 24B/DATE 124C. NAME OF CEMETE ON REMOVAL (Specify) 6/9/195 Page	STUL 240. LOG	CATION (City, town, o	or county) (State)
PLEA!	LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE.	125. FUNERAL DIRECTOR	- 2100 6	atom PL
		VS 150 490	46		

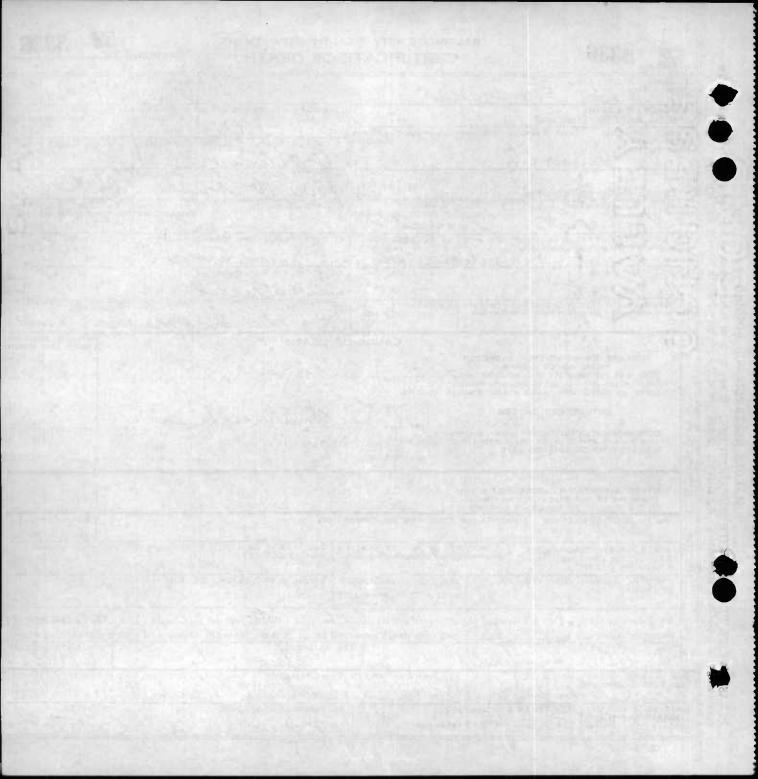


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Bi	52 NO. 5336	CERTIFICAT	E OF DEATH	Registered No.	2 5336
1. (T	NAME OF DECEASED Type or Print) MAX SCHOENE	MAN		2. DATE OF G 9	152
3.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	here deceased lived. If ins	titution: residence before admission)
H	FULL NAME OF (If not in hospital or institution //	ation, give street address or location)		outside corporate imits, v	write RURAL and give
3	University	Yrs.	D. STREET ADDRESS (IF	Fural, give Acation)	/ (55 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
-	Length of stay in Baltimore	Mos. Days	3533 Wak	ash U	ve
	male 1. L WIDO	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Un last birthday) Month	der 1 Yest If Under 24 Hours has Days Hours Min.
worl 2	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 12	2. CITIZEN OF WHAT COUNTRY
13	THER'S NAME	arens wear	14 MOTHER'S MAIDEN N	AME	
	Morrito	(19	Caroline	4	
15 (Ye	6. WAS DECEASED EVER N U.S. ARMED FORCES? (If you give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT		RESS
-	18. Fany U	CALISE	OF DEATH	choenema	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		OF BEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser	g., (A)	Vremea	***************************************	3 days!
	injury or complication which caused dead				
_	ANTECEDENT CAUSES	Chrone	ic almerdlones	witis	7
TION	DISEASES OR CONDITIONS, IF ANY, GIV				•
CAT	UNDERLYING CONDITION LAST.			•••••	****
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ERI	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT	TED			
U	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
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	m.	WHILE AT WORK		10 00	
	22. I hereby eertify that I attended th	e deceased from 6	rred at 510 a.m., from t	, 1932	that I last saw the
	deceased alive on 6/9, 1950		rrea at 3 — a.m., from t.		aate statea above. 23c. DATE SIGNED
	/ Hangerfelde	N M. D.	Grivers	ly	6/9/52
77	N. REMOVAL (Specify)	Therta and	was Cheson		Two Md
D.	TAN REGISTRATE HILL THE REGISTRAT'S SIGNAT		5. FUNERAL DIRECTOR	E. 7100 6	ectaro B
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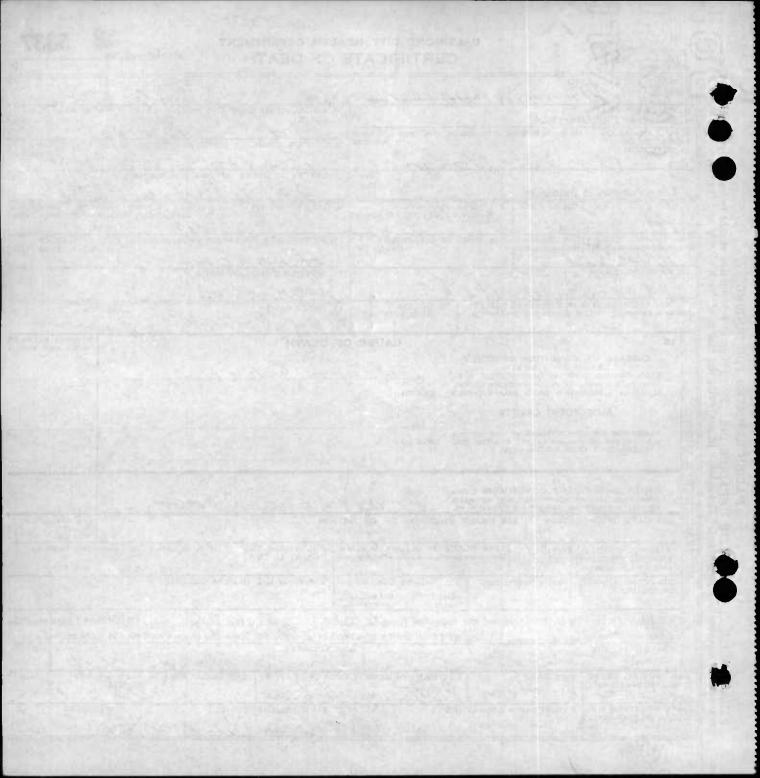
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NI		420 CERTIFICATE CORRECTED 6-12-52 BALTIMORE CITY HEALTH DEPARTMENT 5	2 5337				
The		CERTIFICATE OF DEATH Registered No	- 5557				
•	(T	1. NAME OF DECEASED Type or Print) 2. DATE OF DEATH OF D	15-2				
Œ.	Α.	A. Baltimore City, Maryland A. STATE B. SOUNTY	before admission)				
lly	H	B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate insits, or location)	write RUKAL and give township)				
ribry.		Yrs. Mos. Onio. Hosp. Yrs. Mos. D. STREET ADDRESS (If rural, give location)					
e ca l legi		E. Length of stay in Baltimore Days 33/7 COX 3 W	nder 1 Year If Under 24 Hours				
uld h			hs Days Hours Min.				
Every item of information should be write the causes of death clearly and l	10 worl	OA. USGAL OCCUPATION (Givekind of INDUSTRY INDUSTRY INDUSTRY) 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?				
atior th c	13	13. FATHER'S NAME					
dea	- 1 =	Marcus Wollak Charlotte					
infe s of	(Ye	(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT ADDITIONAL SECURITY NO. 18. INFORM	DRESS				
n of		18. 433,0 and 177x CAUSE OF DEATH	INTERVAL BETWEEN				
iten		ONSET AND DEATH					
te th		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	***************************************				
-		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES					
INK.	MOIL						
I bld :	4	UNDERLYING CONDITION LAST.					
DIN	IFIC	(c)					
UNFADING Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	Ü.	TO THE DISEASE OR CONDITION CAUSING IT	20. AUTOPSY?				
WITH rtant.	CAL)	YES NO NO				
port:	W CAUSE OF DEATH						
, Im	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?					
PLA cial		m. WORK AT WORK	12-17-1-17				
E]		deceased alive on 19 2 and that death occurred at 8 2 m., from the causes and on the	that I last saw the date stated above.				
WRITE PL.		23A SIGNATURE 23B. ADDRESS	23c. DATE SIGNED				
		M. D. 244/ BURIAL, CREMA- 24B. DATE 246/NAME OF CEMETERY OR CREMATORY 24D. LOCATION City, town, of the control of the cont	county) (State)				
PLEAS	de	Junial 6-7-12/ fullineone Hebrew tallo	e ma				
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BALTIMORE CITY HEALTH DEPARTMENT

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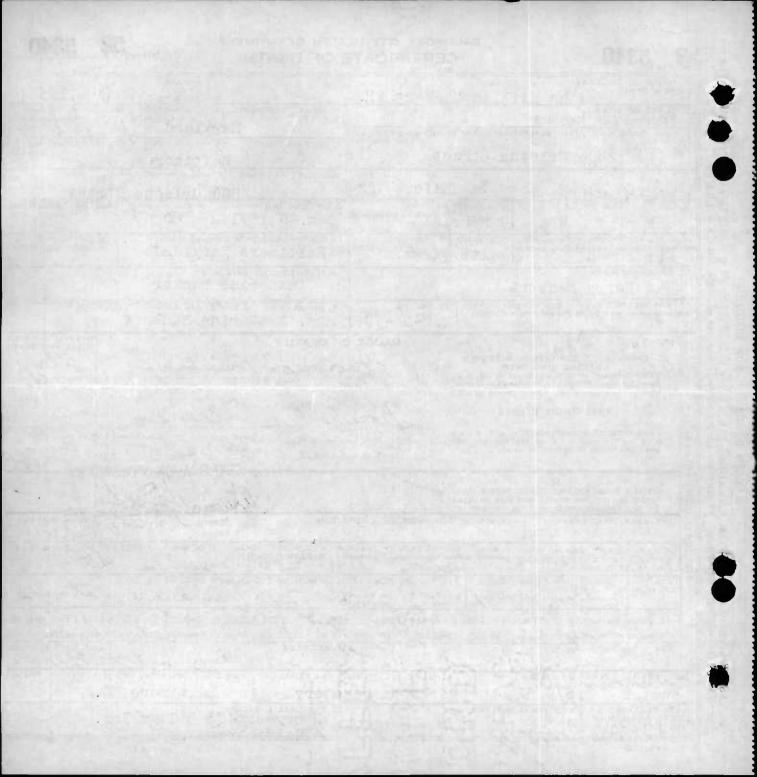
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BALTIMORE	CITY	HEALTH	DEPARTMENT
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	300							
E	5339			TIMORE CITY HE	EALTH DEPARTMENT	Registered No.	5339	
	NAME OF D	ECEASED		OEIVIII 107.1.				
r)	Type or Print)	Louis	Reid			2. DATE OF DEATH June - 6	3-1959	
	Baltimore C	EATH:	Balto	O++	4. USUAL RESIDENCE (W	Where deceased lived. If in B. COUNTY	nstitution: residence before admission)	
В.	FULL NAME	OF (If not in hospit	al or instituti	ion, give street address or location)	Marylan	d		
	STITUTION	0.00			11	outside corporate limits,	write RVRAL and give township)	
0	N/ 12	227 East Le	xingto	on Street Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)		
c.	Length of st	tay in Baltimore	40 V	Mos.	1227 East L		rest	
5.	SEX	6. COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In years) HU		
10	Nale	Col.	Wido	wed	June-14-1877			
worl	k done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?	
Longshoreman Water Front 13. FATHER'S NAME				Front	Dansville V		U.S.A.	
Louis Reid					Hannah	9	District State	
15 (Ye	. WAS DECEASE	D EVER IN U.S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	I AD	DRESS	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Joseph Reid 122'								
	18. 442 X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	heart failure, asthenia, etc. It means the disease,							
		complication which c						
7		ANTECEDENT CAUS	ES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
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CE	TO THE DI	SEASE OR CONDITION	CAUSING IT	Г				
AL	19A. DATE O	F OPERATION 0	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
DICAL		ENT WAS UNDER-		CE OF INJURY (e. g., in		f in Baltimore City, gi		
MEL	LYING OF	R CONTRIBUTING DEATH	about home, 18	arm, factory, street, office hldg., e	ote.) INJURY OCCUR?		Make Marie	
4	21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURRI		OCCUR?		
-			m. W	WORK NOT WHILE				
13	22. I hereby	y certify that I att	ended the	deceased from 30		sene , 195 x		
			, 1957.	and that death occur	rred at	he causes and on the		
	23a. SIGNAT	/ E / / /	rerest	. / //	SB. ADDRESS	Th	23C DATE SIENED	
	4A. BURIAL, C ON, REMOVAL (S	REMA- 24B. DATE			RY OR CREMATORY 24D. LO	OCATION (City, town, o	or county) (State)	
	Burial	6/10/19	952 1	Mt Calvery	Cem. Broc	oklyn Md.	The Example	
D	ATE RECEIVED	D BY DECICEDAD			25 FUNERAL DIRECTOR		ADDRESS	
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he	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.						52 5341	
# #	1. NAME OF DECEASED Carrie Clark 3. PLACE OF DEATH:						2. DATE OF G	-4-12
plig	A. B.	Baltimore C	City, Maryland	Balk I or instituti	on, give street address or	A. STATE	E (Where deceased lived, I B. COUNTY	before admission)
lly.		SPITAL OR STITUTION	wersity	No	spital	Baltin	(If outside corporate limi	its, write HULAL and rive township)
e ca legib.			tay in Baltimore		Yrs. Mos. Days	168W JH	(If rural, give location)	ls
should be	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			WIDOW	, MARRIED, ED, DIVORCED (Specify)	9/11/19/	4 38	If Under 1 Year on this Days Hours Min.
0				108. KIND	OF BUSINESS OR INDUSTRY	Baltin	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
information of death cl	13. FATHER'S NAME Gray Exhib Gray							
of info	15 (Ye	. WAS DECEASE , no or nnknown)	(If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17 INFORMANT Gertude	ash, 43.	S & Paru St
y item the cau		(This does heart failu	I LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which es	H dying, e. g is the disease		of DEATH Al Pulmonary	Tabeseubse	interval between onset and death
	CATION	injury or	ANTECEDENT CAUS					
ADING INK.		RISE TO T	OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LAS	STATING TH	G E DUE TO			
UNFADING Physicians:	CERTIF	TRIBUTING	II IGNIFICANT CONDIT TO THE DEATH, BUT I	NOT RELATE	D			
WITH U	CAL	19A. DATE C	OF OPERATION 19		FINDINGS OF OPER			20. AUTOPSY?
W nports	MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, fr	CE OF INJURY (e. g., i arm, factory, etreet, office bldg.,	a or 21c, WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
C	-	21D. TIME OF INJURY	(Month) (Day) (Year)		HILE AT NOT WHILE AT WORK	ED 21F. HOW DID IN.	JURY OCCUR?	
TE PL			y certify that Latte		deceased from 3	red at 10 50 m., fro		that I last saw the the date stated above.
RITE is esp		23A. FIGNA		1000	11 2	30 ADDRESS	- Howatel	23C DATE STENED

24A. BURIAL CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR untiggton Williams

248. DATE

REGISTRAR'S SIGNATURE

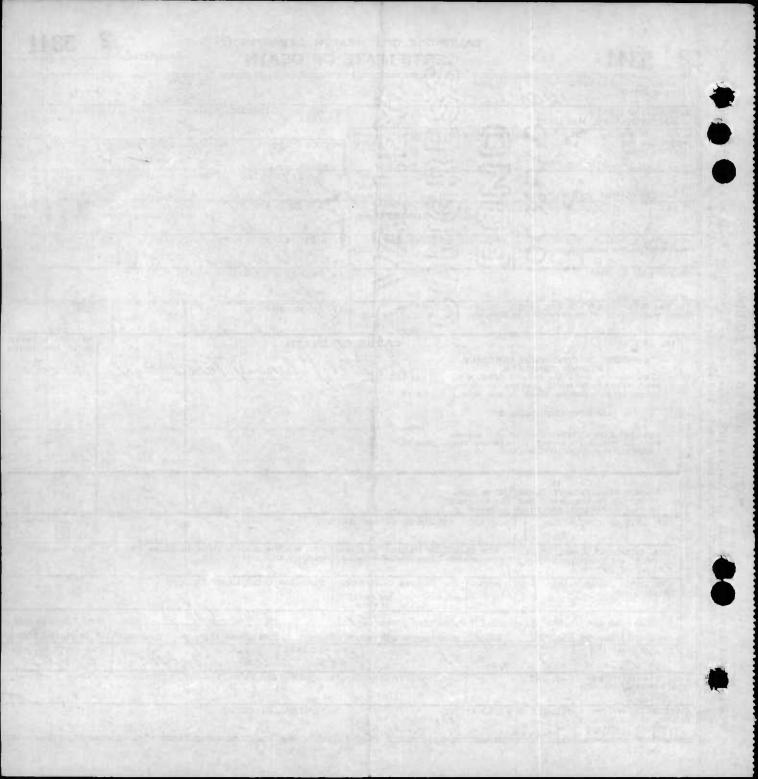
M. D.

24D. LOCATION (City, town, or county) a. Co, mod

ADDRESS

25 FUNERAL DIRECTOR

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BALTIMORE CITY HEALTH DEPARTMENT

he	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.					
E	1. NAME OF DECEASED	2. DATE					
	(Type or Print) MARY E. HAGNER	DEATH JUNE 5;1952					
ila	S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						
lly	institution 309 Seett Street	Baltimore City (If outside corporate limits, with RURAL and give township)					
oly.	Yrs.	D. STREET ADDRESS (If rural, give location)					
egil	Tarak Mos.	309 Seott Street					
be d	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) Il Under I Year Il Under 24 Hours					
information should be call of death clearly and legibly	Female White Widowed (Specify)	Dec. 24-1885 last birthday) Months Days Hours Min.					
hourly	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
cles	Housewife At Home	Baltimore Maryland USA					
atic	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
rm	John W. Krebs	H. Peacock					
of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
of i	No. ******** None	George H. Hagner 309 Scott Street					
	18. 153 X 1 CAUSE OF DEATH						
ite he	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	remema of fowel 9 months					
ery e t	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	acutance of your forms					
Every item write the car	injury or complication which caused death.) DUE TO						
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5 d	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
ADING icians:							
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-	11.0					
hy	TRIBUTING TO THE DEATH, BUT NOT RELATED	errension 6 yr					
test .	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?					
WITH tant.	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office hidg.,	YES NO A					
WITE important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,						
du	CAUSE OF DEATH						
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE						
PLA	m. WORK AT WORK						
	22. I hereby certify that I attended the deceased from Left 15, 1957, to						
		rred at 1 · 1 25m., from the causes and on the date stated above. 23s. ADDRESS 23c. DATE SIGNED					
VR.	Wright atio	517 Scott Street June 7/52					
age	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) ((State)					
AS	Burial June 9:1952 Loudon Par	k Cemetry Baltimore Maryland					
PLEA	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
JUN 95-1952 Huntington Hollieurs Mar & Blipbet Sace							
	VS 150	F.B.WIPPERT & SON 1300 Eutaw Pl. 17					

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OLOMON BLACKWL OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution! residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF $\wedge \wedge$ HOSPITAL OR location (If outside corporate limits, write RUBAL and give INSTITUTION Yrs. (If rural, give location) Mos c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) Months: Days Hours: Min. last birthday) IDOM 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY IRGINIA information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LACKWELL BEN JAMIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO EATPRICE / URNER -211 18. LA y item the cau CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO NEURIONIA (LOBAR) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING | Physicians: pl DUE TO UNDERLYING CONDITION LAST. (C) RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from JUNE 4, 1952 to JUNE 7, 1952 that I last saw the deceased alive on 14/1/ 6 19 5 and that death occurred at 10: Or And from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C, DATE SIGNED 24A BURIAL, CREMA 24B. DATE NAME OF Mira DATE RECEIVED BY REGISTRAR'S SIGNATURE PUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

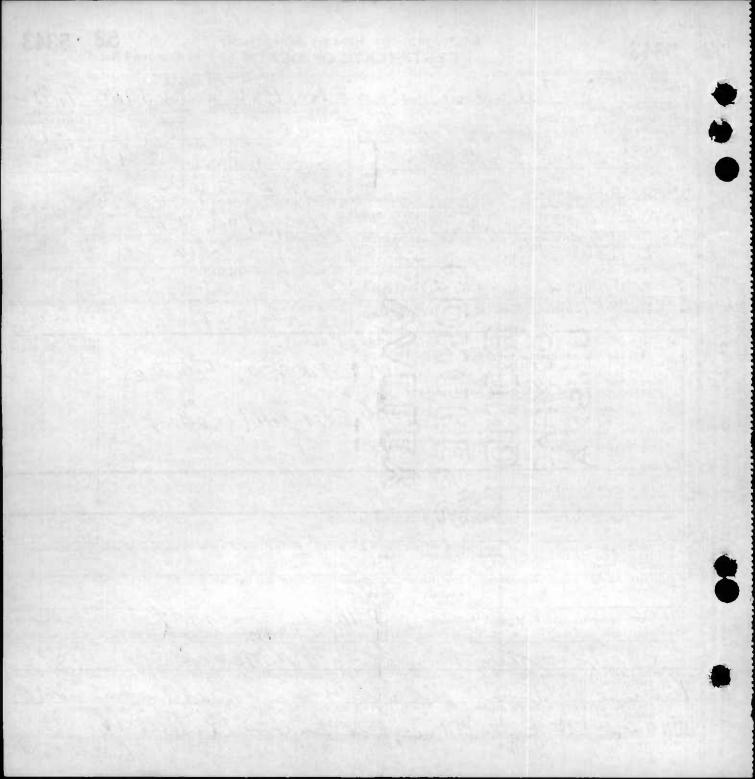
before admission

WHAT COUNTRY.

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

township)



INSTITUTION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A. STATE

5344 Registered No.

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2	mi	ACE	OF	DE	AT	ы.

Mrs. Anna L. Tracey

2. DATE OF DEATH June 6, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before inission)

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	NAME AL OR	OF	(If	not	in	h

ospital or institution, give street address or location)

Maryland

(If outside corporate limit), write RUEAL and give township) Baltimore

hh2h Buena Vista Avenue

D. STREET ADDRESS (If rural, give location)

5. SEX

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write

FOR

RESERVED

60 years c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED

8. DATE OF BIRTH

CAUSE OF DEATH

Yrs.

Mos.

Davs

1121 Buena Vista Avenue

Female

WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired 12 yrs. Dress Mfg.

July 25, 1871 11. BIRTHPLACE (State or foreign country)

9. AGE (In years lift Under 1 Year last birthday) Months: Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Pearson

14. MOTHER'S MAIDEN NAME

Caroline Arrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

Ernest Hare

17. INFORMANT

Virginia

Liberty Read. Randallstown

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21p. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from

, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 11 E.m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24B, DATE

Holv Family

24¢. NAME OF CEMETERY OR CREMATORY

Burial DATE RECEIVED BY June 10, REGISTRAR'S SIGNATURE

untingfort

Randallstown, Maryland 25. FUNERAL DIRECTOR

ADDRESS 3631 Falls Road

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Burgee, Funeral Home 91 Durgee

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BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

M	-	635	5		EALTH DEPARTMENT	Registered N	5345
The	-	NAME OF D	J ECEASED	CERTIFICAT	E OF DEATH		
	(7	'ype or Print)	Mrs.	Mary Camilla Martin		2. DATE OF DEATH June	
ä	A.		City, Maryland		4. USUAL RESIDENCE (A. STATE Maryl	B. COUNTY	institution: residence before admission)
y.	H	FULL NAME OSPITAL OR ISTITUTION		tal or institution, give street address of location kery Avenue		If outside corporate librits	writ RCRAL and give township)
e car legibly.	C.	Length of s	tay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (1	f rural, give location) Hickory Avenue	
BINDING of information should be ses of death clearly and l	5	SEX Female	6. COLOR OR RACE White		8. DATE OF BIRTH	9. AGE (In years lift last birthday) Mon	Under I Year H Under 24 Hours nths Days Hours Min.
n sho	10 wor	At Home	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
IG matio	13	John Hyn			14. MOTHER'S MAIDEN I	NAME	
R BINDING em of inform causes of dea	1: (Ye	NO OF UNKNOWN)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT George Herbert		DDRESS Hickory Ave.
IN RESERVED FOR NG INK. Every item is: please write the cal	CATION	heart failt injury or DISEASE	LEADING TO DEA, i not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	of dying, e.g., uns the disease, caused death.) DUE TO SES F ANY, GIVING STATING THE DUE TO	norary ultiple s	clevosis	? 1/2 fs4.
MARGIN F UNFADING Physicians: p	CERTIFIC	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED			
H		19A. DATE (OF OPERATION 0	198, MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
VITH Portant.	IEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		(If in Baltimore City, g	ive exact location)
A A Mily III	Σ	21D. TIME OF INJURY	(Month) (Day) (Year)) (Hour) 21E. INJURY OCCURI MHILE AT NOT WHILE AT WORK		RY OCCUR?	
TE PL		22. I hereb	y certify that I at	tended the deceased from	ch 30/9/200		that I last saw the
'RITE is esp		23A. SIGNA		8, 19.52, and that death occi	23B. ADDRESS U. C.	the causes and on the	23c. DATE SIGNED
ASy ct as	2 T1	4A. BURIAL, ON, REMOVAL (S	GREMA- 24B. DATE Specify) June 11.	1952 Woodlawn	- 11	LOCATION (City, town, timore Co. Ma	
PLEAS! correct		ATE RECEIVE	RAR	S SIGNATURE Williams M.	25. FUNERAL DIRECTOR		ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 5346 1. NAME OF DECEASED 2. DATE (Type or Print) Charles Lenoard Morgan 6/7/52 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Balto.Md. St. Josephia Hospital garoline D. STREET ADDRESS (If rural, give location) Mos. 837 W. 35th St. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years M Under 1 Year M Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male White 9/8/28 Separated VIS. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, aven if retired) INDUSTRY WHAT COUNTRY? Not Employed Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C. L. Bateman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If you, give w (Yes, no or unknowu) SECURITY NO 837W 35 X II WW 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO raic nephreta ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) FA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL NO 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If ln Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 19 52 to. 1952 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 1952., and that death occurred at 5:30p m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE St. Joseph's Hospital 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE 24C NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATU FUNERAL DIRECTOR LOCAL REGISTRAR

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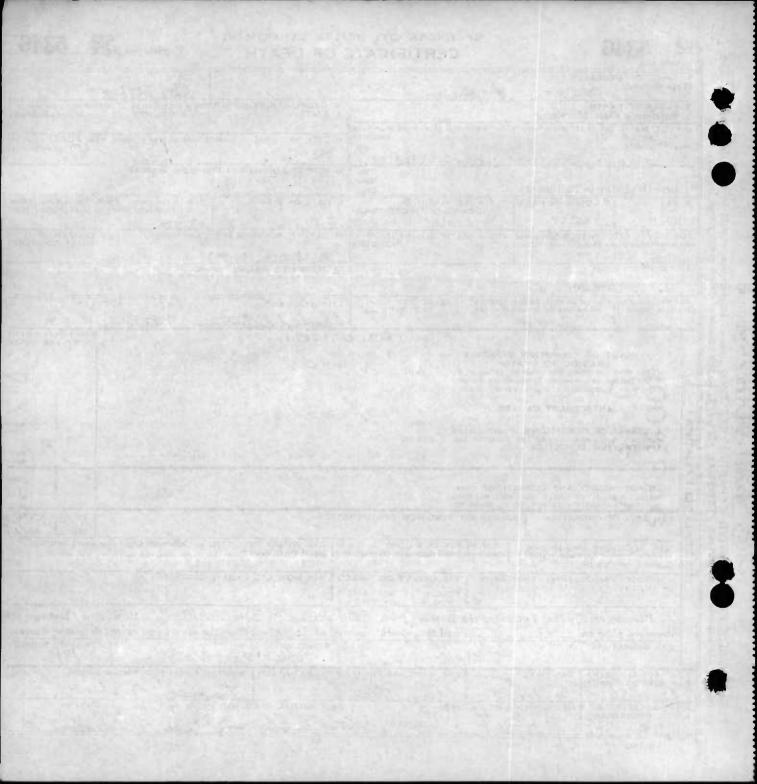
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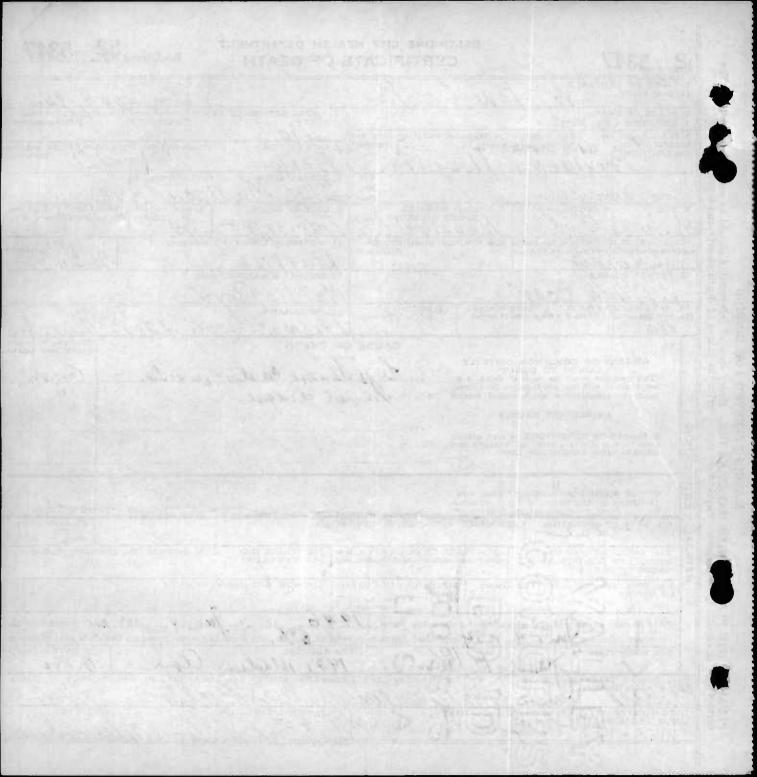
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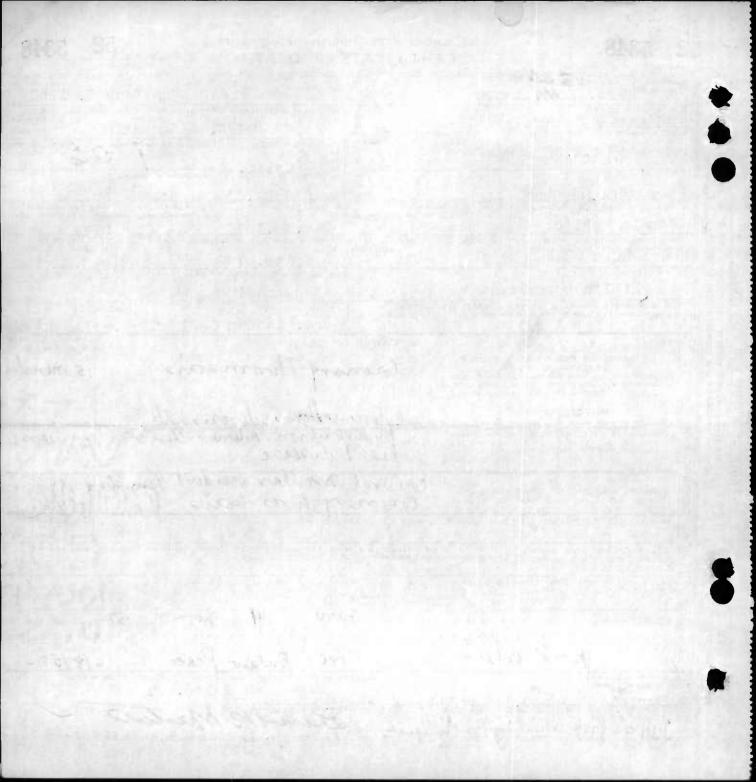


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C			BALTIMORE CITY HEALTH DEPARTMENT	NT 52 5347
The	25	Ктн N5.347	CERTIFICATE OF DEATH	Registered No. 5347
	1. (T	NAME OF DECEASED	v Cook	2. DATE OF DEATH JUNE 4 1952
Ha		Baltimore City, Maryland	A. STATE	(Where deceased lived, If institution: residence B. COUNTY before admission)
	H	FULL NAME OF (If not in hospital or i DSPITAL OR ISTITUTION)	nstitution, give street address or location) C. CITY OR TOWN	(If outside con orat limits write URAL and give
1		Provident 1	Hospital Balto.	14-05 township)
d be ca and legib	-	Length of stay in Baltimore	Yrs. D. STREET ADDRESS Mos. Days 2/33 /a	dison AVE.
	5.		INGLE, MARRIED, IDONED, DOOR BIRTH DOOR OF BIRTH DOOR (Specify)	9. AGE (in years if Under I Year last hirthday) Months Days Hours Min.
9	10 worl	A. USUAL OCCUPATION (Give kind of done define most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	or foreign country) 12. CITIZEN OF WHAT COUNTRY
G matic eath	13	FATHER'S NAME	14. MOTHER'S MAIDE	N NAME
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BIL		110	/pomas C	001 921 M- hean AVA
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ける。		LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	18. e. g. 14 Williamse Cardy	g-yencelas - 6< vs.
RESERVED I INK. Every please write tl		Injury or complication which caused	death.) DUE TO Preval disease	0
1 111	7	ANTECEDENT CAUSES	(8)	
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MA UNF Physi	CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUSE	RELATED	
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TE PL,		22. I hereby certify that I attende		1/ 00 1
RITE is esp		23A. SIGNATURE	and that death occurred at .m., fro	the causes and on the date stated above.
a de la companya de l		James 1	0. Can, M.D. 1427 Mady	on Upe 6.7.52
t 53	9	AA. BURIAL CREMA-	24C. NAME OF CEMETRAY OR CREMATORY 24	LOCATION (City, town, or county) (State)
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		ATE RECEIVED BY REGISTRAR'S SIG	SNATURE 25. FUNERAL DIRECTO	ADDRESS 200
4 5		ATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR'S SIGN	Wallaurs M. 25. EUNERAL DIRECT	Address 322

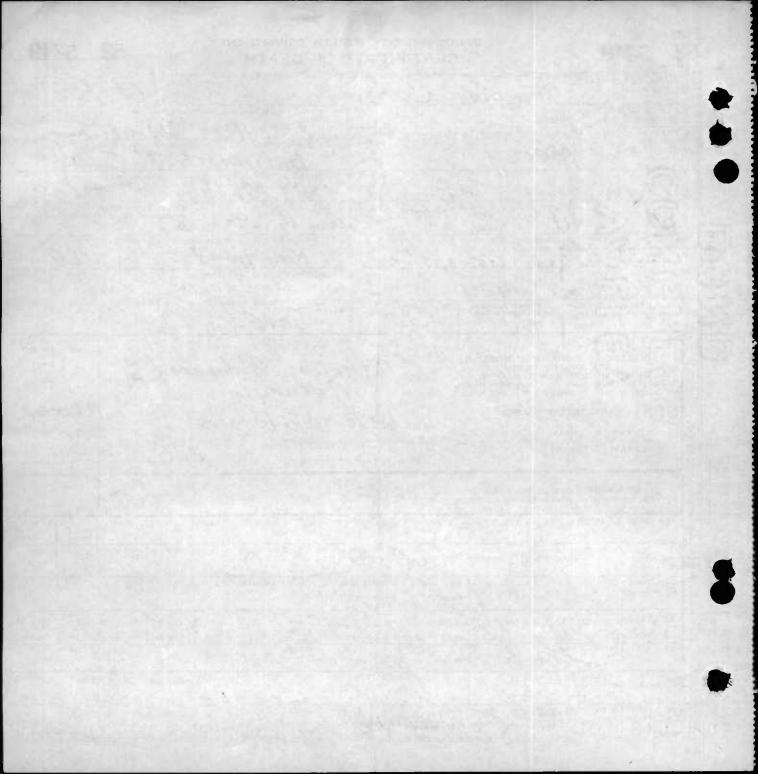


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Je !	7.340	MORE CITY HE	OF DEATH	Registered No	2 5348
The	1. NAME OF DECEASE PAR (Type or Print) TS. EdWA Sussman			2. DATE OF DEATH June	7. 1 952
Ily voli	a. Baltimore City, Maryland Balto. B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION 804.E.33 STREET	n, give strect address or location)	C. CITY OR TOWN (If o	D-E/1111	stitution: residence before admission)
should be ca	Female White Wid	Yrs. Mos. Days MARRIED, D, DIVORCED (Specify) OWE d	804 E .33 S 8. DATE OF BIRTH Dec. 24.1876	9. AGE (In years Montage Monta	nder i Year ff Under 24 Hours has Days Hours Min.
Ψ	work done during most of working life, even if retired) HOUSE WORK 13. FATHER'S NAME	OF BUSINESS OR INDUSTRY	Balto.Md		2. CITIZEN OF WHAT COUNTRY?
information of death cl	Phillip Dannenberg		Rosenheim	ME	
em of info	(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs. Nathan 3		
INK. Every its please write the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Witno	sellors schronic lineron. Arterio	. //	15 munules
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Corona	ry thronkrai	hemiple	1948
WITH aportant.	21a ACCIDENT WAS LINDER. 218. PLAC	FINDINGS OF OPERA E OF INJURY (e. g., in m, factory, street, office bldg., et	or 21c. WHERE DID (If	in Baltimore City, giv	YES NO W
or.	2 1D. TIME (Month) (Day) (Year) (Hour) 2 OF INJURY m.	ILE AT NOT WHILE AT WORK	21F. HOW DID INJURY		COLLE
WRITE P	22. I hereby certify that I attended the d deceased alive on www. 6, 1952. at	nd that death occurr	red at 3.30 Am., from the		that I last saw the date stated above. 23c. DATE SIGNED
	gace v const	M. D. A. C. NAME OF CEMETER	1804 Entary 240. LO	CATION (City, town, o	6/8/52
PLEA	Burial June 1052 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR HIN Q = 1057 Huntington	Williams Mar	Dana K. N		ADDRESS
	vs 150		2.2 4. Parti	n 1902 gutt	IN PLACE



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STAT B. COUNT before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MOTE HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) C. CITY INSTITUTION should be cararry and legibra Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 9. AGE (In years) If Under 1 Year It Under 24 Hours WIDOWED, DIVORCED (Specify) last binthday) | Months: Days Hours: Min. clearly IOA. USUAL OCCUPATION (Givekind of 11. BERTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY information s of death cle OSIMANI - RETIRE S 13. FATHER'S NAME NOWN BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes 100 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL NO 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF VAJUATE about home, farmer actory, street office 21c. WHERE DID (If in Baltimore City, give exact location) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE m. WORK AT WORK 22. I hereby certify that I attended the deceased from .. that I last saw the RITE is espe 195 and that death occurred at. m., from the causes and on the date stated above. deccased alive on 23A. SIGNATURE 238, ADDRES 23c. DATE SIGNED M. D 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or equity) TION, REMOVAL (Specify) 10 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS N9-19 VS 150



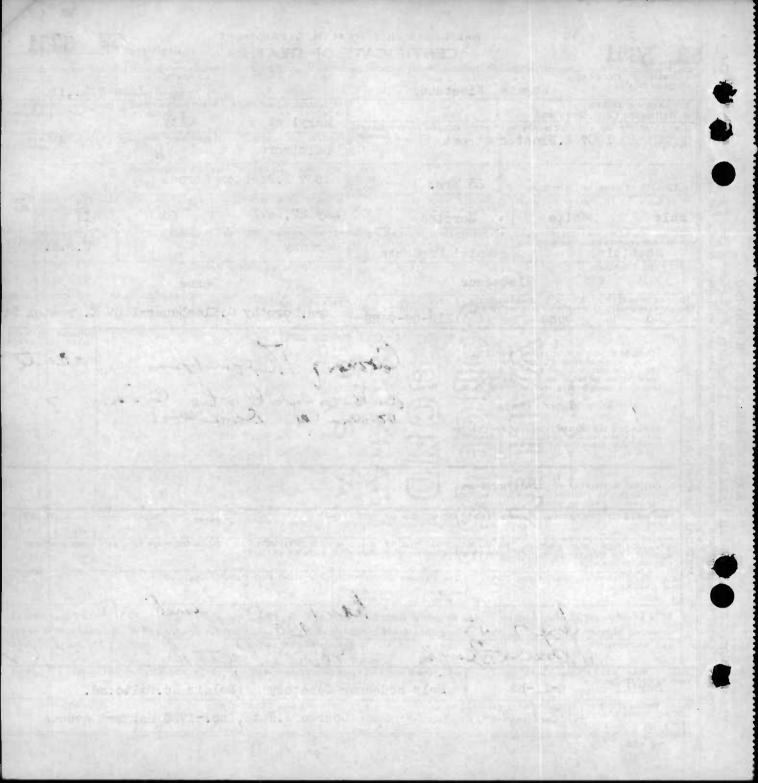
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) KENDE FLOYD OF DEATH 6-7-5 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RVRAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 3277 Relmont Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) ff Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours; Min. 11-16-51 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara Radford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Mr. John Floyd Kendall. Sr.-3211 Belmont none 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Internal Hydrocephalos 6 mo LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFIC (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 6-4-52, 19, to 6-7-52, 19, that I last saw the deceased alive on 6-7-52, 19 and that death occurred at 510 Pm., from the causes and on the date stated above. 238 ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Balto., Ruria] New Cathedral Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VS 150

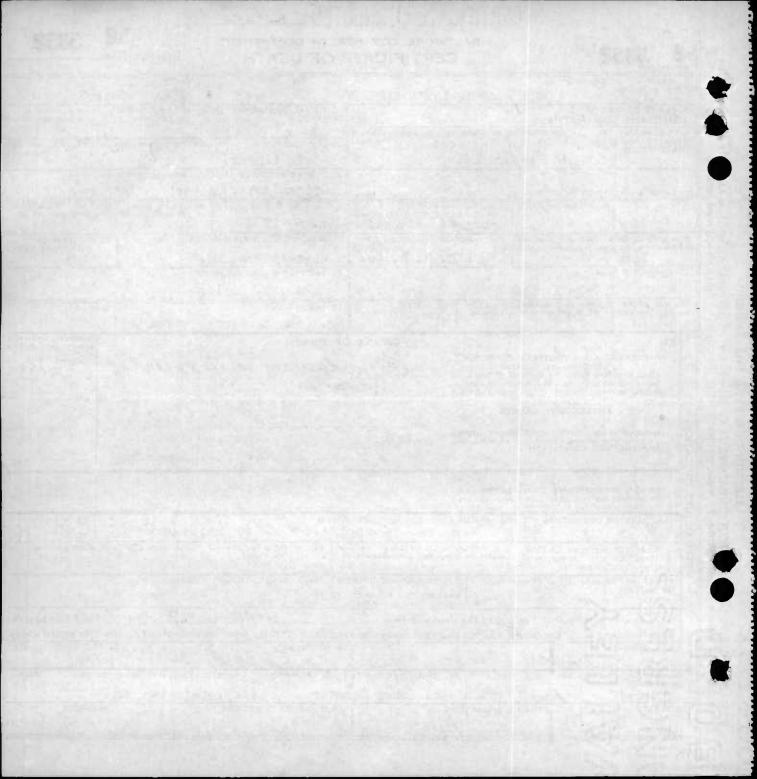
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6	16			TIMORE CITY H			Registered	52	5351
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	NAME OF DECEAS	Euge:	ne Kle	ebauer		1000	OF JUI	e 8th	.,1952
A.	PLACE OF DEATH: Baltimore City,	Maryland		ion, give street address o	4. USUAL RESIDE	ENCE (Where		If institut	
HIL	OSPITAL OR IOO	7 E.Presto	on Stre	et location		(If outs	ide corporate) in	nits write	RURAL and give township)
	Length of stay in		35	Yrs. Mos. Days	IOC7 E.Pre	ston St	, give location) reet		
1	Male V	Nhite	WIDOW Ma:	E, MARRIED, PED, DIVORCED (Specify PRIOD	8. DATE OF BIRTH May 27, 1892		AGE (In years last hirthday)	Months D	avs Hours Min.
	A. USUAL OCCUPA k dome during most of workin Machinist			of Business or INDUSTR	Germany	State or foreign	n country)	12. CI	TIZEN OF
	3. FATHER'S NAME		ebauer	(13)	14. MOTHER'S MA	IDEN NAME Beni	ne		
15 (Ye	NO NO OF UNKNOWN) (If)	R IN U.S. ARMET yes, give war or date None	FORCES? of service)	16. SOCIAL SECURITY NO. 212-09-7825	17. INFORMANT Mrs. Doroth	y G.Kle	ebauer-IC	ADDRES	Preston St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-						SET AND DEATH			
CE	TRIBUTING TO THE TO THE DISEASE	OR CONDITION	CAUSING I		RATION		10-11-17-	2	O. AUTOPSY?
AL								Y	ES NO
MEDICA	21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	TRIBUTING	2 IB. PLA about home, f	CE OF INJURY (e. g., arm, factory, street, office bldg.	In or 21c. WHERE D		Baltimore City	, give exa	act location)
	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from 1997, to 1997, to 1997, that I last saw the deceased alive on 1997, and that death occurred at 450 m., from the causes and on the date stated above.								
	23a. SIGNATURE DELLE SIGNED M.D. 23b. ADDRESS PRETTY 23c. DATE SIGNED								
Z. TI	4A. BURIAL, CREMA ON REMOVAL (Specify, BURIAL	6-II-5	1	Holy Redeem			r Rd.Balt	· · · · · · · ·	oty) / (State)
	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'		illiams, Mys.	George J.Rut		1735 Harf	addr ord A	
	VS 150 9 5 2 5 4 4 3 5 3 1 0								



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF LOUISE AGNES LYNCH SHRIVER Juna 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Beech Hill Nursing Home location) (If outside corporate limits Avrite c. CITY OR TOWN RURAL and give INSTITUTION township) 6028 Old Harford Rd. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. should be cal Mos. Gilman Apts. Calvert & 31st Sts. c. Length of stay in Baltimore 9. AGE (In years | ii Under | Year | ii Under 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) Jan. 6, 1876 clearly 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Clerk R. Co. Westminster. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary D. Diller John T. Lynch 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. John Shriver Above causes INTERVAL BETWEEN item CAUSE OF DEATH 53X (A) adens. Carenome of lesending ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY asout LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 FICA. OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY? 19A. DATE OF OPERATION Inspirable earlymand dison DICA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY TE PLA especiall NOT WHILE 22. I hereby certify that I attended the deceased from. , that I last saw the RITE is espe Line 1952, and that death occurred at 6 4Mm., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY PLEASI correct St. Johns Cemetery Burial June 10. ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



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	FADING INK. Every item of information should be c. hlly 'pplf'	ricians: please write the causes of death clearly and legimy.

OR RINDING

MARGIN RESERVED 1	INK. Every	e is especial, incortant. Physicians: please write the
MARGIN	WITH UNFADING INK.	Physicians:
	WITH	in-portant.
	PL	ecian
	WRITE PL	esp
	RI	Ω.

6		EALTH DEPARTMENT 52 5353 E OF DEATH Registered No.
(7	NAME OF DECEASED Type or Print) FLORENCE O. FARNSWORTH	2. DATE OF June 7, 1952
B. H	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR 1635 Northwick Court location)	
	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1635 Northwick Court
	female white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Jan. 10, 1875 9. AGE (In years If Under 1 Year Months Days Hours Min.
WOI	OA. USUAL OCCUPATION (Givekiod of red tred) Red dooe during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
11	Julius Dorsey	14. MOTHER'S MAIDEN NAME Sarah R. Holt
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, oo or uoknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Mrs. Florence Waddell - 1635 Northwick Ct.
ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	OF DEATH INTERVAL BETWEEN ONSET AND DEATH Winging of the bladder Types
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
12	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?

OF INJURY NOT WHILE WHILE AT

REGISTRAR'S SIGNATURE

22. I hereby certify that I attended the deceased from deceased alive on 6 kess, 1957, and that death occurred at 23KASIGNATURE 23B. ADDRESS

May, 1952, to. June 19 That I last saw the P.m., from the causes and on the date stated above. 23C. MATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

6/10/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Loudon Park Cem.

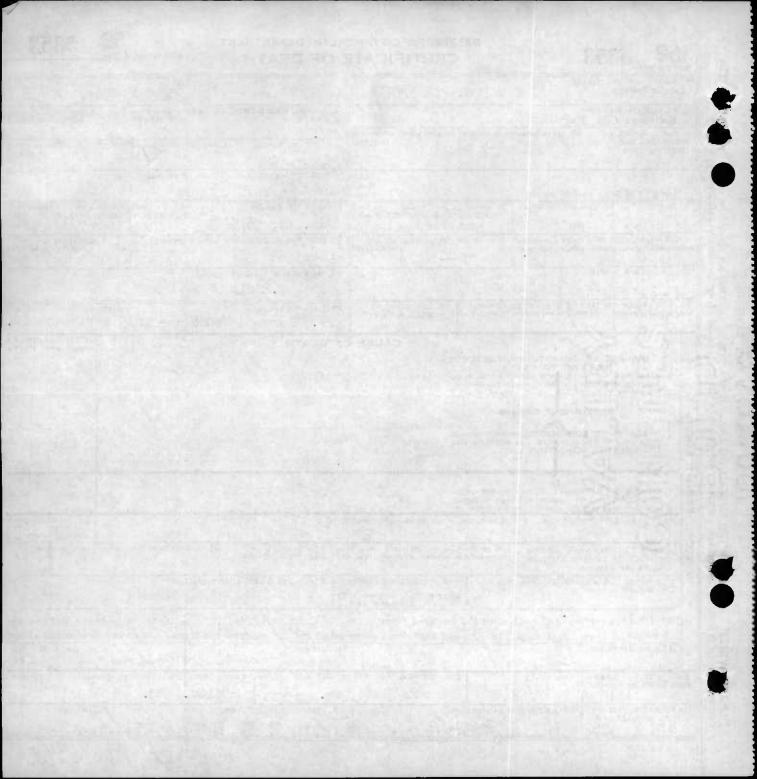
Balto., Md.

25. FUNERAL DIRECTOR

DATE RECEIVED BY LOCAL REGISTRAR IIIN 9 - 195 VS 150

Buria!

ADDRESS

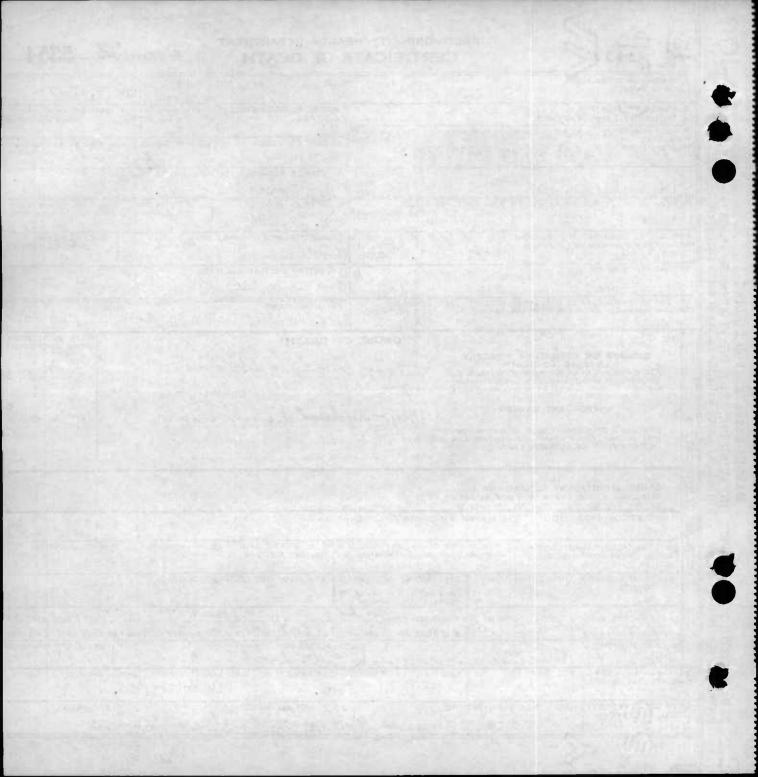


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MARGIN RESERVED FOR BINDIN	Every ite	write the
RESE	G INK.	: please
MARGIN	I UNFADING INK.	portant. Physicians: please write the causes of
1	WITH	portant.

300 52 5354 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH
1. NAME OF DECEASED	

Registered 52

1.	NAME OF D Type or Print)		ARD JOH	N SCOTT		2. DATE OF Jur	ne 7, 1952
	PLACE OF DE	EATH: City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived, B. COUNTY	
В.	FULL NAME		al or institut	ion, give street address or		B. COUNTY	before admission)
H	OSPITAL OR	3404 Gwyn	ne Fall	location)	C. CITY OR TOWN	(If outside corporate line	its, witte XURAL and give township)
0	(0)	order awyre	no rall		Baltimore	15	townsmp)
				Yrs. Mos.		SS (If rural, give location)	
	Length of s	tay in Baltimore	7 SINCLE	Days Days	8. DATE OF BIRTH	Falls Pkwy.	M. H. J. V. V. L. M. H. J. A. H.
	male	white	WIDOW	ED DIVORCED (Specify)	Apr. 12, 186	last hirthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of worklog life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	state or foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	Floorman	r (rtd)	Retail	Dept. Store	Maryland		WHAT COOKING
13	3. FATHER'S N	NAME			14. MOTHER'S MA		
	Edward Sc				Cecilia Rayh	nice	
1: (Ye	5. WAS DECEASE s, co or uokoown)	D EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. Nettie	Glocker Scott-31	ADDRESS 104 Gwynns Falls
_	18. 58.	JX.		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	DIRECTLY			1', '/	ONSET AND DEATH
	(This does	not mean the mode	of dying, e. g	, aonh	cholicy s	ine	2 bays
	heart failu: injury or	re, asthenia, etc. It mes complication which	ins the diseas caused death	e, .) Due 10	/		
		ANTECEDENT CAUS	SES		1 11	1/	
Z	5165.656	OR COMPUNIONS		Myrca	deal Ins	ufferrey	6 neo.
OLF	RISE TO TI	OR CONDITIONS, IN THE ABOVE CAUSE (A)	STATING TH			'/ /	
CA	UNDERLI	ING CONDITION LA	151.	(C)		•••••••	
H		II					
ERTI		IGNIFICANT CONDI					
CE	TO THE DI	SEASE OR CONDITION	CAUSING I	т			
AL	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
U	21A. ACCID	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i	o or 21c. WHERE D	ID (If in Baltimore City,	give exact location)
MEDI	LYING OF	R CONTRIBUTING DEATH	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCU	R?	
	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m,	WHILE AT NOT WHILE AT WORK		. 0	
- 9	22. I hereby	y certify that I att	tended the	deceased from Jes	195	, to pure 7 , 19	that I last saw the
	deceased al	ive or freue 7	_, 19 < > >	and that death occur		from the causes and on	the date stated above.
	3A. SIGNAT	1- 111 00	mai	1 3	3B. ADDRESS	le st	23c. DATE SIGNED
2	4A. BURIAL, CON, REMOVAL (S			24c. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (City, tow	n, or county)/ (State)
TI	Burial	6/10/52		Druid Ridge	Cem.	Pikesville, M	d.
D	ATE RECEIVED		SSIGNATU	RE	25 FUNERAL PIRI	ESTOR	ADDRESS
0	PGAL BEGIST	952 7 m	lington	Williacycs, M.	W/m J	Vickener Y &	me
	VS 150	4 u • 4	0 3			Canol	17 ms.



ADDRESS Mr. John E. Magers, Jr. - Monkton, Md. INTERVAL BETWEEN ONSET AND OFATH 20. AUTOPS VES (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? June 8 , 19 L, that I last saw the 23c. DATE SIGNED Woodlawn. Md. ADDRESS

Registered No. 2

DEATH - une 8 1952

(If outside corporate limits, write R RAL and give township)

AGE (1) ears | H Under | Year | H Under 24 Hours | Inst birthday | Months | Days | Hours | Min.

12. CITIZEN OF

Donnic

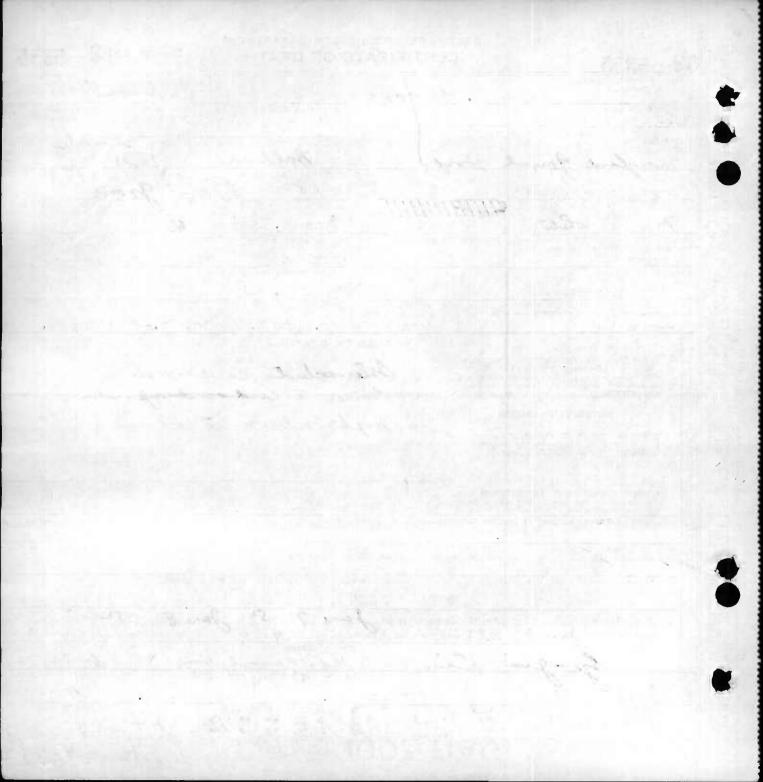
WHAT COUNTRY?

2. DATE

(If rural, give location)

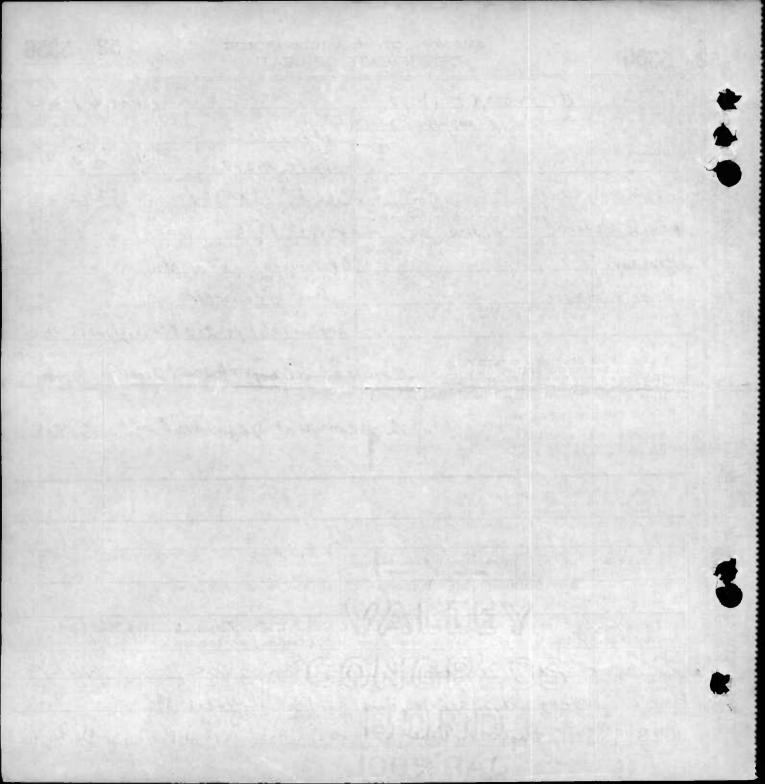
B. COUNTY

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P sq.	A B 1. (7	IRTH NO. NAME OF DECEASED Type or Print)	HEALTH DEPARTMENT FE OF DEATH 2. DATE OF 1.	52 5356
RGIN RESERVED FOR BINDING ADING INK. Every item of information should be can find the courses of death clearly and legibals.	A B. HTC	Baltimore City, Maryland 263/ Camsy/van: 4 Av. FULL NAME OF (If not in hospital or institution, give street address or ospital or institution, give street address or location of the control of the con	A. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY WAY (And C. CITY OR TOWN (If outside corporate finite 134/t; more D. STREET ADDRESS (If rural, give location) 8. DATE OF BIRTH P. AGE (In years of last birthday) More last birthday) More last birthday) More last birthday of 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME Henrietta Scott 17. INFORMANT The resa Phillips 2037 Pensy OF DEATH ARCANOL AND ARCANOL	DODRESS
MARGIN PLEASE WRITE PL Correct is especial, As ortant. Physicians:	TIC	Donot fre Tuelhas M.D.	in or 21c. WHERE DID (If in Baltimore City, g INJURY OCCUR? RED 21f. HOW DID INJURY OCCUR?	that I last saw the edate stated above. 23c. DATE SIGNED



	P	1- 159115
The	ВІКТН 152	5357
	1. NAME OF D (Type or Print)	John Eng
dd	a. Baltimore (EATH: City, Maryland
y.	B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in) Baltin 4940 E
legini		tay in Baltimo
d be	5. SEX	6. COLOR OR R
should be	Male	Negro
shou	IOA. USUAL OC work done dusing most o	CUPATION (Give

- 1952 vs 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	5357
Registered No	
2. DATE OF DEATH	
(Where deceased lived, If ins	titution: residence before admission)
Paltin	the man
If outside corporate limits,	vrite RURAL and give township)
f rural, give location)	1200
m Rd.	3000
9. AGE (In years last hirthday) Mont	der I Year hs: Days Hours: Min.
foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
NAME	
ADD	RESS
ds, 4940 Easter	n Ave.
	INTERVAL BETWEEN
sis & Subarach-	3 wice.

Disease C	-2
osis.	
	20. AUTOPSY?
(If in Baltimore City, give	
RY OCCUR?	
me 8 , 1952,	that I last saw the
the causes and on the	date stated above.
	220 DATE CICALED
30	6-8-52
G-A- Count	county) (State)

В	BIRTH 52 5357 CERTIFICAT	E OF DEATH Registered No.		
	NAME OF DECEASED Type or Print) John Ennell	2. DATE OF DEATH	2	
Α.	B. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF(If not in hospital or institution, give street address of the control o	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission	
	Baltimore City Hospitals location 4940 Eastern Ave.	C. CITY OR TOWN (If outside corporate limits, v	write RURAL and gir township	
	Yrs. Length of stay in Baltimore 15 yrs. Days	D. STREET ADDRESS (If rural, give location) 2825 Lodge Farm Rd.	300	
1	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORGED (Specify		der I Year hs Days Hours Mir	
WOF	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (State or foreign country) Md.	CITIZEN OF WHAT COUNTRY	
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16, SOCIAL SECURITY NO.	B. C. H. Recerds, 4940 Rester	RESS n Ave.	
ICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	el Arterioscleresis & Subarach- lemorrhage	3 wks.	
CERTIFI	TRIBUTING TO THE DEATH, BUT NOT RELATED GOING	scleretic Heart Disease C zed Arteriosclerosis.		
CAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION	YES NX	
1EDIO	1 YING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)	
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from deceased alive on June 8, 1952, and that death occur	13 , 19 52, to June 8 , 1952, t rred at 6.45 M from the causes and on the	that I last saw the date stated above 23c. DATE SIGNED	
TI	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify) 4/19/57 7/16 CA	ERY OR CREMATORY 240. LOCATION (City, town, or CANA) 25. FUNDRAL DIRECTOR A		

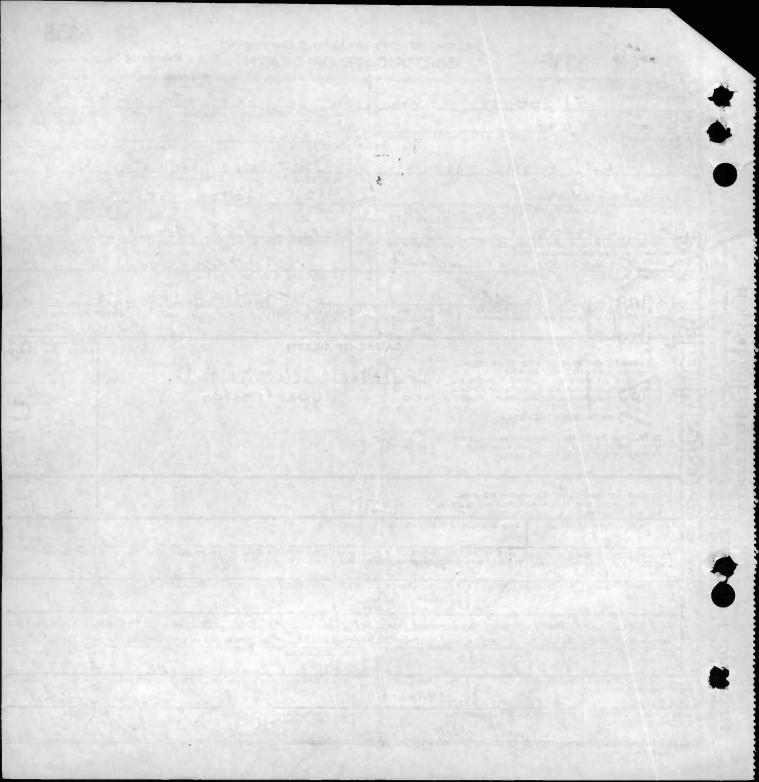
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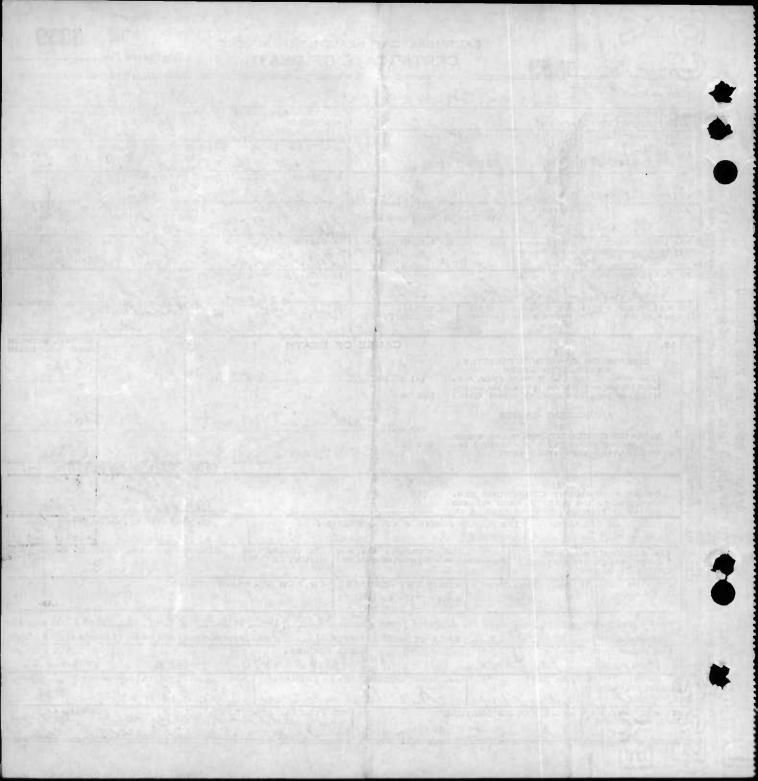
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

5358 52

	1	IRTH NO. 52 5358 CERTIFICATE	E OF DEATH Registered No.				
ec.	V1.	NAME OF DECEASED	2. DATE OF 6 - 6 - 5 2				
plie		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
S A	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
	3	Univ. of Md. Itosp. Yrs.	D, STREET ADDRESS (If rural, give location)				
e ca legi		Length of stay in Baltimore Mos. Days	1211 Upton St. //-03				
and la	5.	SEX 6. COLOR OR RACE 7. SINGLE MARRIED. (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.				
information should s of death clearly an	10 work	DA. USUAL OCCUPATION divekIndof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Greign country) 12. CITIZEN OF WHAT COUNTRY?				
th cl	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
orma	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SQCIAL	Catherine Daniels				
of inf		es, no or unknown) (If yes, give war or dates of service)	1744 ldwin St Phila, Pa.				
y item of i		1000	DE DEATH INTERVAL BETWEEN ONSET AND DEATH				
ry it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	rio scleratic H.D.				
Every write th		injury or complication which caused death.) DUE TO	Hypertension				
INK. please	Z	ANTECEDENT CAUSES (B)					
NG I	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
UNFADING Physicians:	RTIFIC	II					
Phys	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ty.				
		19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?				
P.	EDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	or 21C. WHERE DID (If in Baltimore City, give exact location)				
C III	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY WHILE AT NOT WHILE	D 21F. HOW DID INJURY OCCUR?				
PLA ecial		m. WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from	7 , 1953 to 6 - 6 , 1953 that I last saw the				
esp		deceased alive on 6-6-, 1952, and that death occurr	red at 1135 cm., from the causes and on the date stated above.				
VRI		Metrall M.D.	2407 Cleina Que 6-6-52				
24A. BURIAL, CHEMA- 24B. DATE 110N, REMOVAL (STEETY) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Station, Removal (Steety)) (Pleasant Rest 34 flements Co. Medicine)							
DATE RECEIVED BY REGISTRAR SIGNATURE LOCAL REGISTRAR SIGNATURE 25 UNERAL DIRECTOR LAND 100. REMOVAL (SRCIFY) Pleasant Rest 25 UNERAL DIRECTOR LAND 100. REMOVAL (SRCIFY) DATE RECEIVED BY REGISTRAR SIGNATURE 25 UNERAL DIRECTOR LAND 100. REMOVAL (SRCIFY) 100. REMOVAL							
	=	VS 150	1631 Writed Stell Wals				

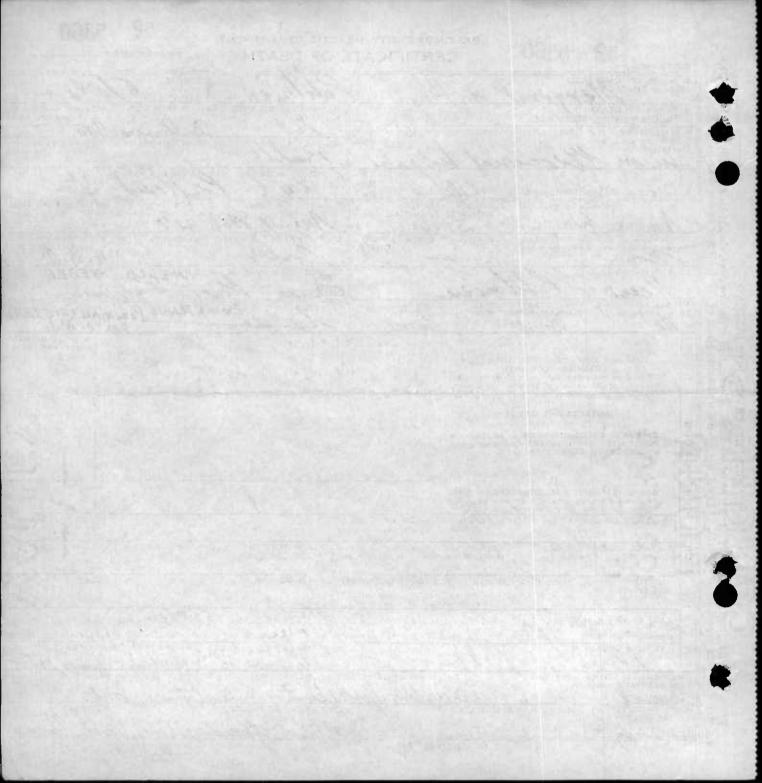




BALTIMORE	CITY	HEAL	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

52 5360

BI	BIRTH NO. 52 536U CERTIFICATE OF DEATH Registered No.						
	1. NAME OF DECLASED (Type or Print) Margaret Kathaya Pohlman 2. DATE OF OF DEATH 6/8/52						
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)					
H	FULL NAME OF (If not in hospital or institution, give street address of location location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
2	hiem Mecennal hospill	Bell 22-0 township)					
4	Length of stay in Baltimore Lile Mos. Days						
_	SEX 6. COLOR OR RACE 7. SINGE, MARRIED, WIDOVED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year) It Under 24 Hours					
10	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
0	k done during most of working life, even if retired) INDUSTR	Bulls . U.S. U.					
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME MELLA WEBER					
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT FAMA MANK O ADDRESS (2: 2: 2: 2)					
(Ye	s, ao or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT EMMA MARIE POHLMAN (GISTER)					
	18. 154 X , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cassia dut					
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease,	carriona y semin					
	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
CERTIFICATION							
-IC/	UNDERLYING CONDITION LAST.						
TIF	OTHER SIGNIFICANT CONDITIONS CON-						
CEF	TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE						
EDICAL	21A, ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g.						
	HOMICIDE (Specify) about home, farm, factory, street, office bldg	,etc.) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
deceased alive on \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\							
Alfred J. Melson M.O. Baltimal 18 maryland In							
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, Accounty) (State)							
DATE RECEIVED BY (REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS							
ALO COLO HILL & CASE OF DESCRIPTION Son 1927 Park Avenue							
N 9 vs 1582 Vallacus M. O P. F. AIM							



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12. CITIZEN OF

WHAT COUNTRY?

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23c. DATE SIGNED

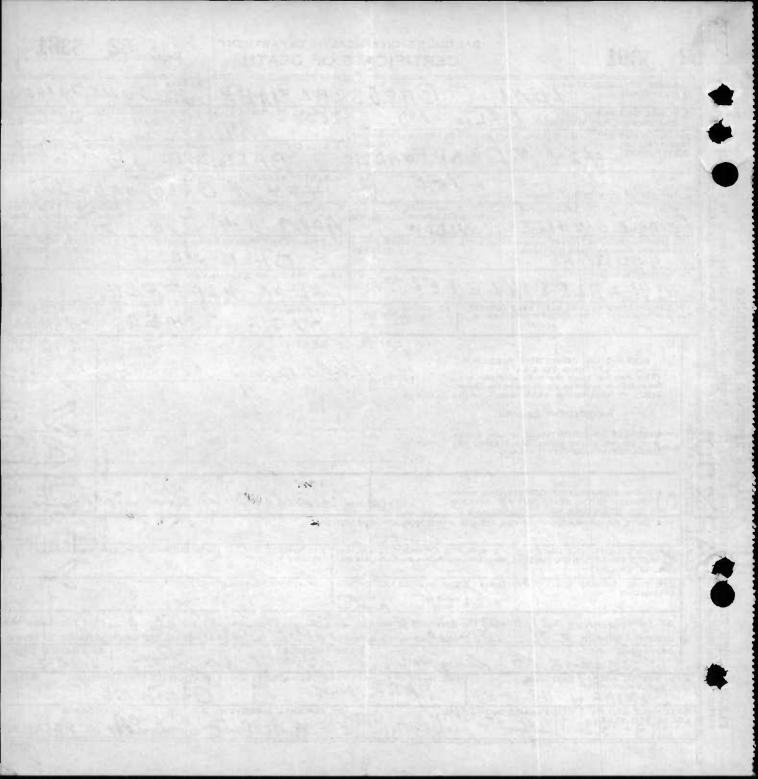
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12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

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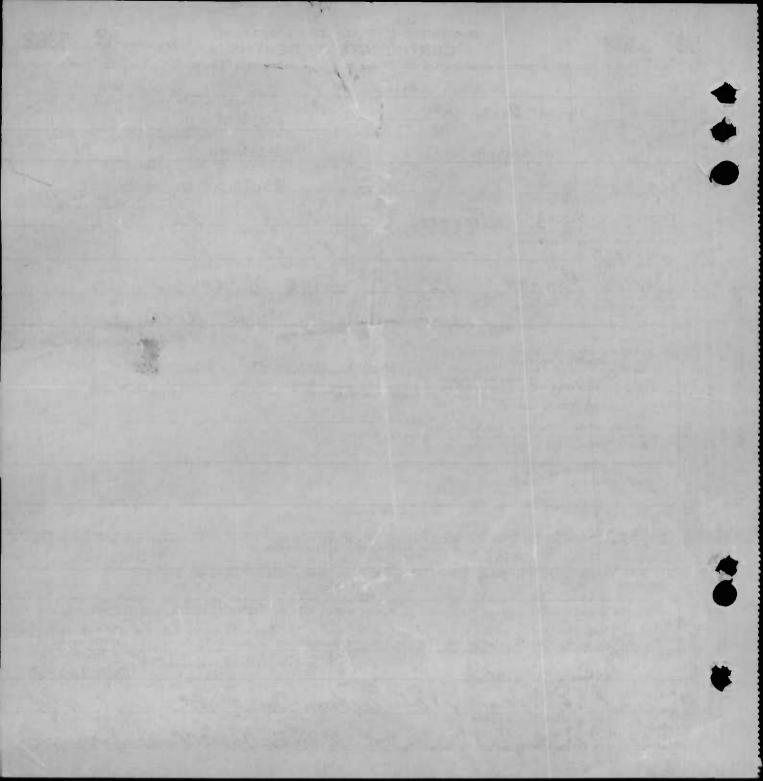
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12. CITIZEN OF

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INTERVAL BETWEEN

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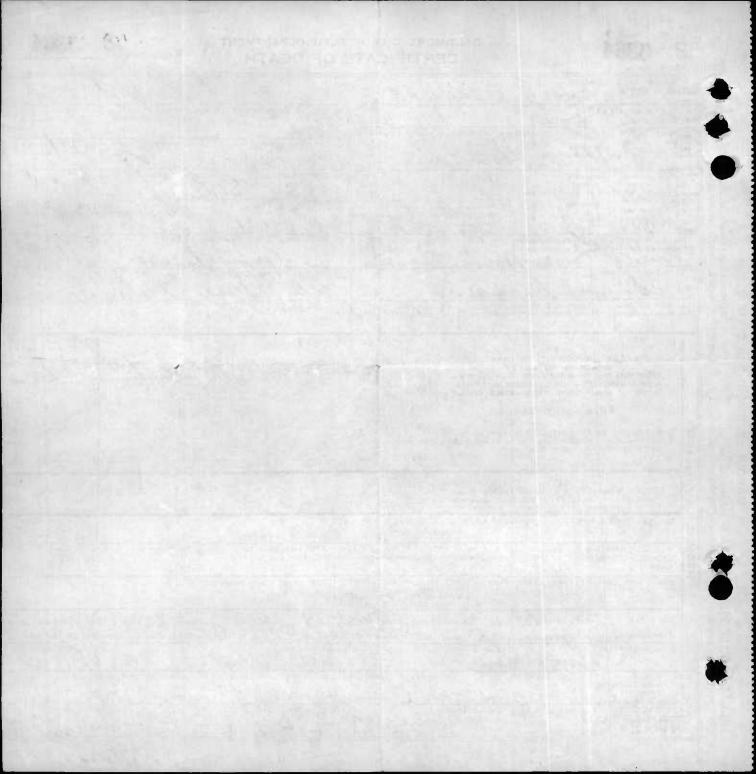
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B. COUNTY before admission) (If outside corporate limits, write RURAL and give (township) 9. AGE In years Il Under 1 Year If Under 24 Hours Inst Grthduy) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY 1.0 ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPS (If in Baltimore City, give exact location) that I last saw the 23c. DATE SIGNED 240/LOCATION (City, town, or county) ADDRESS



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12. CITIZEN OF

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

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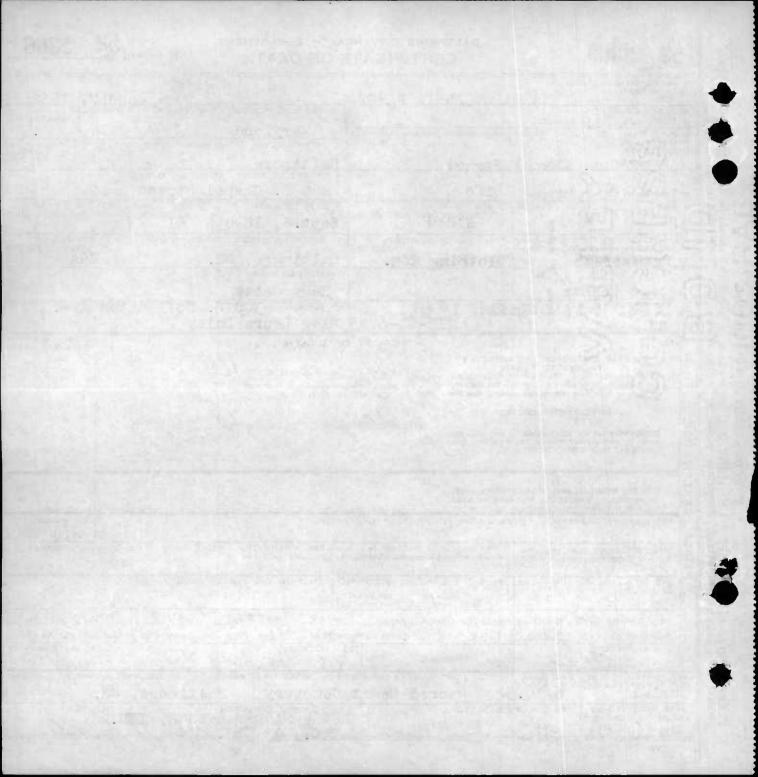
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- 1	レン 52 53	366		EALTH DEPARTMENT	Registered No.	5366
	NAME OF E		CERTII ICAT	L OI BLATH	2. DATE	
3	. PLACE OF C	EATH:	ARET ANNIE PABST	4. USUAL RESIDENCE (W	OF DEATH June There deceased lived, If inst B. COUNTY	7, 1952 itution: residence before admission)
В	FULL NAME OSPITAL OR	City, Maryland OF (If not in hospit	al or institution, give street address o location	Maryland	outside corporate limits	rit RURAL and give
		S. Chapel	Yrs.	Baltimore D. STREET ADDRESS (If r	rural, give location)	township)
mmone		stay in Baltimore	Life Mos. Days	240 S. Chape.		
Z all	. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WIDOW	Sept.6, 1890	last birthday) Month	n 1 Year 1 Under 24 Hours B Days Hours Min.
To woo	OA. USUAL OC rk done during most Seamst	CCUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR Clothing Mfg.	Baltimore, Md.		CITIZEN OF WHAT COUNTRY?
2	3. FATHER'S			14. MOTHER'S MAIDEN NA	ME	
	Heorge	SChatz ED EVER IN U. S. ARMEI	FORCES? 16. SOCIAL	Mary Seitz 17. INFORMANT 300 S.	Collington	ASTO
O (Y	es, no or unknown)	(If yes, give war or date	215-03-690	Miss Laura Dal		REMAC.
one cans	10.00	SE OR CONDITION LEADING TO DEA's not mean the mode of	DIRECTLY CA	OF DEATH	Enus	INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	heart failt injury or DISEASE RISE TO 1	ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	ms the disease, caused death.) DUE TO BES (B) (B) STATING THE DUE TO	ysene, sight	leg:	
Н	TRIBUTING	II BIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
11	19A. DATE	Instruction of the second of t	98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
MEDICAL	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.		f in Baltimore City, give	exact location)
2 2	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURI		OCCUR?	
Specia		oy certify that I att	ended the deceased from 2, 1952, and that death och	June , 1950, to	Okens 7, 1952, t	hat I last saw the
20 20 20 20 20 20 20 20 20 20 20 20 20 2	deceased a	Olhou X	anney M.D.	7101 Harbord	Rd. 2	6/9/52
D	4A. BURIAL. ION, REMOVAL (S DUPIAL			t Cemetery Ba	altimore, Md	•
L	OCAL REGIST	1952 REGISTRAR	s signature	25. FUNERAL DIRECTOR HENRY SANDER &	SOMS, INC.	press
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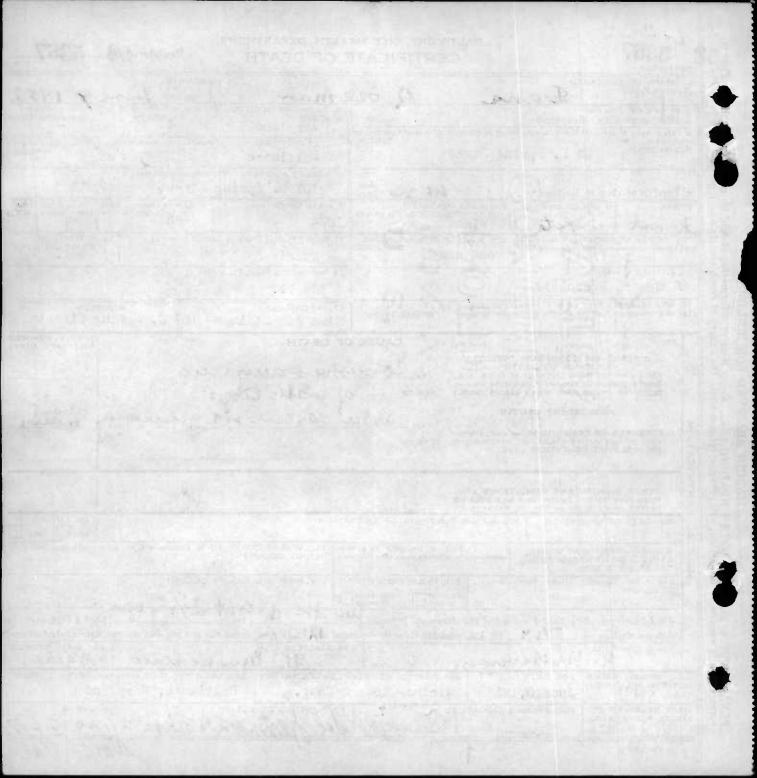
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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	E OF DEATH	
1. NAME OF DECEASED Dena R 02	eman 2. DATE OF LUNE 9 195	.2
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admissi	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 107 S. Spring Street	Memzel and	
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 107 S. Spring Street	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24	Hours Win.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) housewile own home industry	11. BIRTHPLACE (State or foreign country) Russia 12. CITIZEN OF WHAT COUNT	TRY
Menash Myerowitz	14. MOTHER'S MAIDEN NAME Ada ???	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Niss Ada Staiman- 107 S. Spring Street	
LEADING TO DEATH (This does not mean the mode of dylng, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	esive gaugreye of both togs: niosecrosis generally about	7
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH		
21b. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 5/14, 1952 and that death occur 23a. SIGNATURE		ove
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify) June19, 1952 Mickro- Kodes		ite)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR HUMBER MANAGEMENT AND MANAGEMENT	25 FUNEFOL DIRECTOR ADDRESS Sel. Sluggon & Pups - 1/24-26.	W

25 FUNEFAL DIRECTOR PLANS - 1/24-26W. North Que VS 150

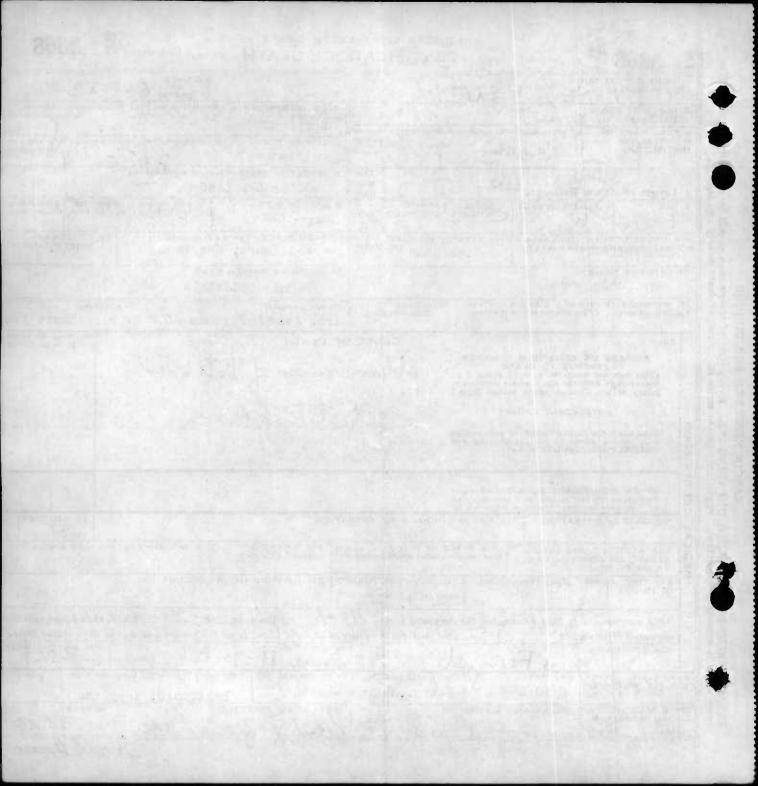


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BALTIMORE CITY HEALTH DEPARTMENT

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V S	281	255 RTH 51368		BALTIMORE CITY HE		Registered No	5368
	(T	NAME OF DE	NNE h	AXMAN		of DEATH 6-8	-52
ilde	3. A.	PLACE OF DE	ity, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland	Where deceased lived. If in B. COUNTY	stitution : residence before admission)
ully y.	H	SPITAL OR STITUTION	Sinai Hosp	location)	c. CITY OR TOWN (If Baltimore	outside corporate limits,	write RURAL and give township)
legan,	C.	Length of st	ay in Baltimore ^L	ife Yrs. Mos. Days	D. STREET ADDRESS (If 951 Brooks Las		
d lu	5.	SEX F	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH June-1894	9. AGE (In years If United Property of Section 1988)	nder Year If Under 24 Hours Min.
should learly ar			CUPATION (Give kind of fworking life, even if retired)	10B. KIND OF BUSINESS OR OWN home INDUSTRY	II. BIRTHPLACE (State or for Baltomore, Ma		2. CITIZEN OF WHAT COUNTRY?
NDING information should so of death clearly a	13	Max Sch			14. MOTHER'S MAIDEN NA Fannie Golds		
BINDING of inform uses of dea	15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEE (If you, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Joseph Farb	ADI	oress trathmore Ave
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	FICATION	(This does heart failur in jury or DISEASES	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	DIRECTLY If dying, e. g., na the disease, aused death.) DUE TO SES (B)	areiroma of bor	thoust	NTERVAL BETWEEN ONSET AND DEATH
MAR JNFA Physici	CERTIFI	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED			
H-I		19A. DATE O	F OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		YES NO
WITE	EDICAL		ENT WAS UNDER- CONTRIBUTING	21B. PLACE OF INJURY (e. g., about home, ferm, factory, street, office bldg.,		If in Baltimore City, given	ve exact location)
B	Σ	21D. TIME (OF INJURY	Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
S WRITE PI	Z4 TII	deceased al	ive on 6 8	ended the deceased from 4., 1952, and that death occur	Suai Hafri RY OR CREMATORY 240. L	the causes and on the	23c. DATE SIGNED 6-8-52 recounty) (State)
PLEAS correct	D	ATE RECEIVED	BY REGISTRAR	s signature	25 FUNERAL DIRECTOR	11/1	ADDRESS 24-26W.



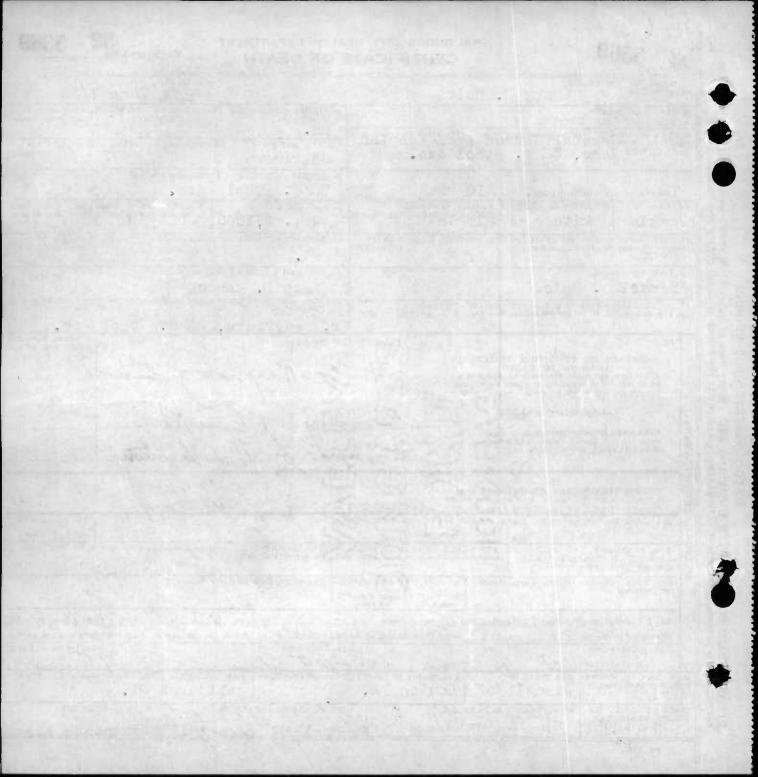
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 5369

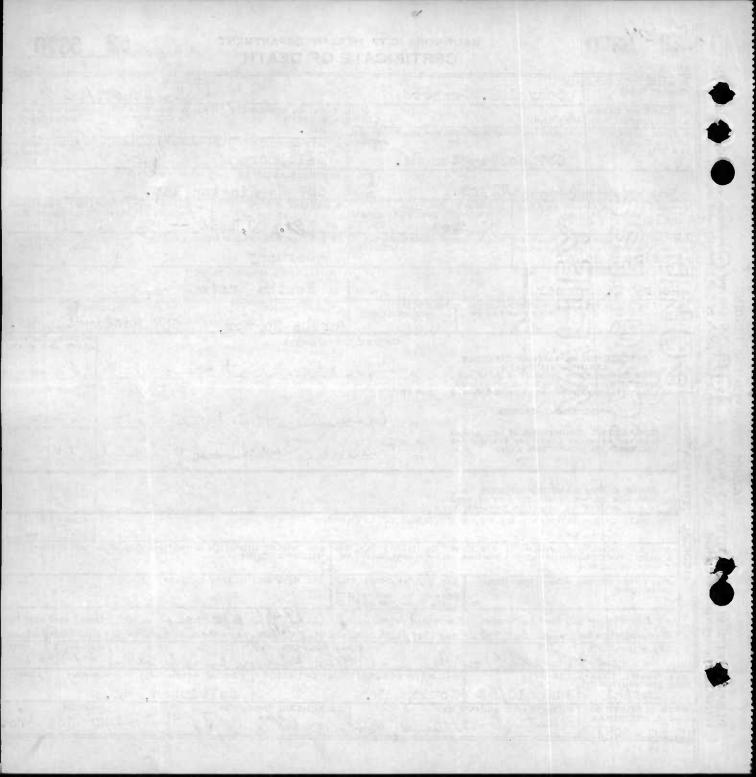
1. NAME OF		CERTIFICAT			
(Type or Print	DECEASED Mary	E. Heird		OF JUY	ne 7/52
	City, Maryland		A. STATE	here deceased lived. B. COUNTY	
B. FULL NAM HOSPITAL OF INSTITUTION	General der Home, 22 A.	al or institution give treet address or Men Aged People (Sen) Athol Ave.		outside corporate tim	
c. Length of	stay in Baltimore	10 yrs Mos.	D. STREET ADDRESS (If 22 S. Athol	rural, give location)	
Female	6.COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH NOV. 2,1869		
10A. USUAL C	OCCUPATION (Give kind of ost of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S	NAME L C. Heird				
15. WAS DECEA	ASED EVER IN U.S. ARMEI	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	22 S 441	ADDRESS
RISE TO	ES OR CONDITIONS, I	F ANY, GIVING	1 oriente		
Min	LYING CONDITION LA	TIONS CON.	y Tarke Pd	infaration	J.
TO THE 19A. DATE	LYING CONDITION LA II SIGNIFICANT CONDI NG TO THE DEATH, BUT DISEASE OR CONDITION	TIONS CON-	leases gene	infaration us lightly	20. AUTOPSY?
TRIBUTE TO THE 19A. DATE 21A. ACC LYING CAUSE O	LYING CONDITION LA	TIONS CON- NOT RELATED CAUSING IT. ASKRIBAC	n or 21c, WHERE DID (infaration in Baltimore City	YES NO
TRIBUTII TO THE 19A. DATE 19A. ACC LYING CAUSE O	SIGNIFICANT CONDING TO THE DEATH, BUT DISEASE OR CONDITION TO THE DEATH OF OPERATION TO THE DEATH OR CONTRIBUTING TO THE DEATH (Month) (Day) (Year	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i ebout home, farm, fectory, street, office bldg.,	A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate mits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 22 S. Athol Ave. D. ATREET ADDRESS (If rural, give location) 22 S. Athol Ave. D. ATREET ADDRESS (If rural, give location) 22 S. Athol Ave. D. ATREET ADDRESS (If rural, give location) 13. BIRTHPLACE (State or foreign country) Months Days Hours Min. 14. MOTHER'S MAIDEN NAME Kate L. Moads 15. INFORMANT SECURITY NO. T. Fredericka, 22 S. thol Ave. CAUSE OF DEATH CONTROL OF COUNTRY ADDRESS Thol Ave. CAUSE OF DEATH CAUSE OF DEATH CONTROL OF COUNTRY ADDRESS TO THE COUNTRY TO THE		



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	5265370 BALTIMORE CITY HE	ALTH DEPARTMENT 50 FORO
	CERTIFICATE	= . 32 33
	NAME OF DECEASED Type or Print) Conrad H. Benner	2. DATE OF DEATH June 7/52
	B. PLACE OF DEATHS. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
1	FULL NAME OF (If not in hospital or institution, give street address or Iocation) NSTITUTION	c. CITY OR TOWN (If outside corporate limits, write WIRAL and give
	637 Woodington Rd.	Baltimore 6-00 township) D. STREET ADDRESS (If rural, give location)
	E. Length of stay in Baltimore 71yrs. Mos. Days	637 Woodington Rd •
	S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. Who to Wildowed, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years 11 Under 1 Year 15 Under 24 Hours Iast birthday Months; Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR	Nov. 30, 1862 89
W	rk done during most of working life, even if retired) Retired Baker	Germany WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	Henry C. Benner 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Bertha Errin
0	(11 yes, give war or dates of service) SECURITY NO.	Bertha Benner. 637 Woodington Rd.
		DF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY. LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	cironatosis 7 mos.
	injury or complication which caused death.) DUE TO	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	min o debelity & mos.
FICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	any Caraima I stomed 14r.
DTIE	OTHER SIGNIFICANT CONDITIONS CON-	
1	TO THE DISEASE OR CONDITION CAUSING IT.	
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO
I V DICE IN		or 21C. WHERE DID (If In Baltimore City, give exact location) INJURY OCCUR?
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deceased from	19.46/, to lune 7, 1952 that I last saw the
100	deceased alive on Lease 6, 1952, and that death occur	red at \$3.00m., from the causes and on the date stated above.
		100 Edmondson ave, 6/8/52
	24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial June 10/52 Loudon Pk.	Baltimore, Md.
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
1	UN 9 - 1952 Tuntington Vallacus, Mary	arry & But the 4101 Edmondson Ave.

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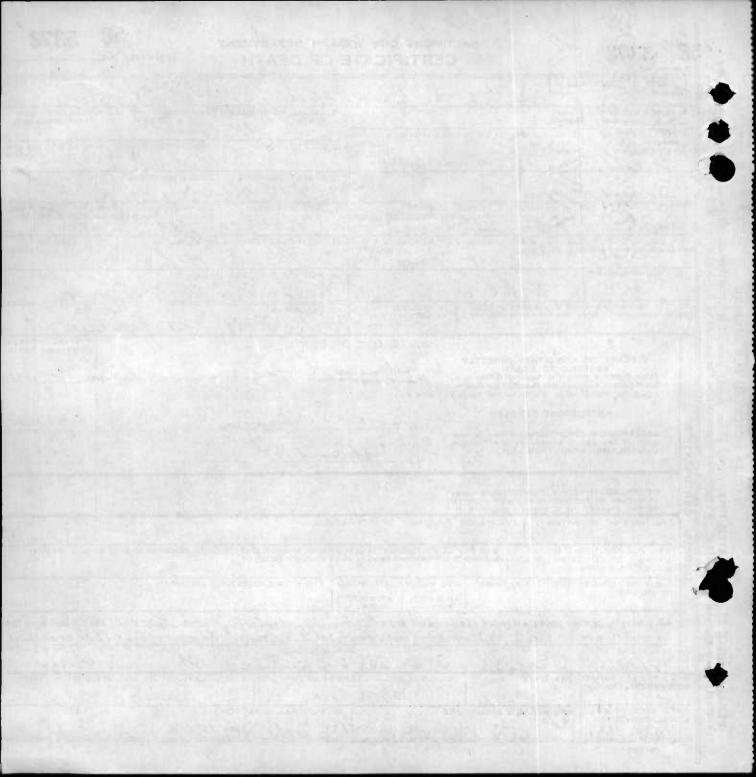
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S BI	9-158846 ятн 53.7	1			EALTH DEPARTMENTE OF DEATH		52 red No.—	5371
(T	NAME OF D ype or Print)	Henr	ietta :	F. Jones		2. DATE. OF DEATH	June	8-1952
A. B.	FULL NAME	City, Maryland OF (If not in hospit	al or institution			B. COUNT		tion : residence before admission)
	SPITAL OR STITUTION	Baltimore Ci 4940 Eastern	ty Hosp		Baltimor		-01	e RURAL and give township)
-		tay in Baltimore	Li	fe Yrs. Mos. Days				
	Female	6. COLOR OR RACE	7. SINGLE. WIDOWE WIDOW	MARRIED, ED, DIVORCED (Specify	July 4, 1853	9. AGE (In year lest birthday	ns If Under 1 \) Months L	Year If Under 24 Hours Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. C	ITIZEN OF
13	FATHER'S	George C		(D	14. MOTHER'S MAIDEN	NAME		(D.
15 (Yes	WAS DECEASING TO OF Unknown)	ED EVER IN U. S. ARMED (If yea, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMABELTIM Records: 4940	ore City Hos	pft81g	SS
ATION	(This does heart failu in jury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode or not mean the mode or re, asthenia, etc. It mean complication which c ANTECEDENT CAUS GOR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	'H f dying, e.g., ns the disease, aused death.) ES ANY, GIVING STATING THE	(A) Arteri	OF DEATH OSCIETOTIC Hear			Ser and Death
CERTIFIC	OTHER S TRIBUTING TO THE D	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	FIONS CON- NOT RELATED CAUSING IT.	Sub	- dural Hygrom			
DICAL	21A. ACCID	3-52-5-22-52-	Incision	and drainage	Abscess Secondar	y closure (If in Baltimore C	Y	O. AUTOPSY?
MED	LYING OF CAUSE OF 21p. TIME (OF INJURY	R CONTRIBUTING	(Hour) 2 m.	m, factory, atreet, office bldg. 1E. INJURY OCCURE HILE AT NOT WHILE WORK AT WORK	etc.) INJURY OCCUR?	URY OCCUR?		I last saw the
	deceased al	ive on 6-8-	, 19.52 a	nd that death oecu	rred at 10.354M from 23B. ADDRESS 4940 Eastern A	n the causes and o	n the date	e stated above. DATE SIGNED
	Buria.	pooify) 6/11/	52	3c. NAME OF CEMETE	- 14	Bult	own, or cour	nty) (State)
LO	THE RECEIVE	R 1952 H time	tow W	Liaus MZ	25. FUNERAL DIRECTO	c. 1217 St.	Paul	ESS ST.
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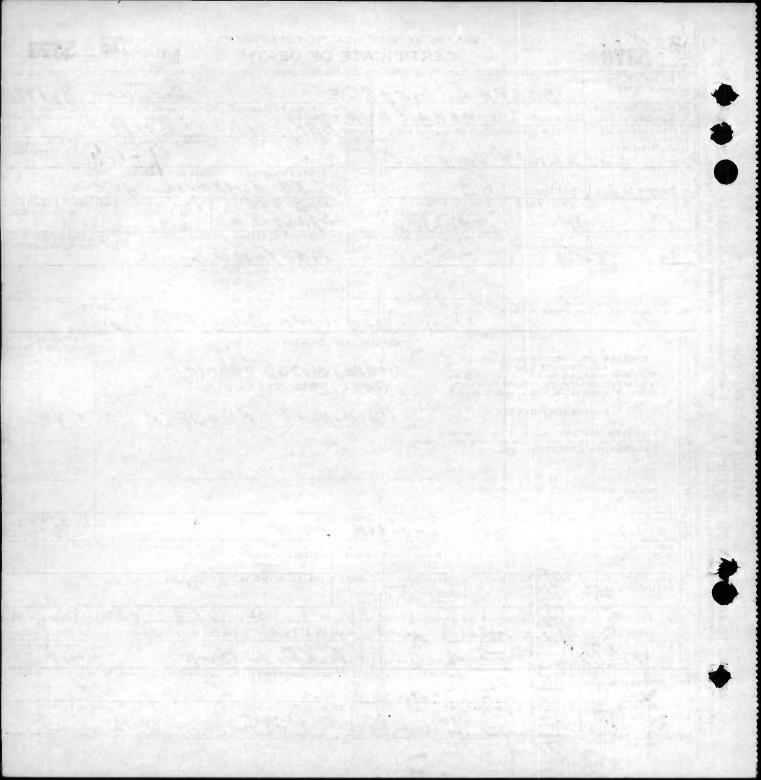
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B. H. I. C. S. J. C. Word of the state of th	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in OSPITAL OR NSTITUTION) Length of stay in Baltimore SEX 6. COLOR OR RACE 7. State of Color of	Yrs. Mos. Days NGLE, MARRIED. IDOWED DIVORCED (Specify) KIND OF BUSINESS OR INDUSTRY (+) Your EST 16. SOCIAL SECURITY NO. CAUSE (CAUSE) CAUSE (CAUSE	E OF DEATH KEAL 8. USUAL RESIDENCE (WA. STATE C. CITY OR TOWN (If D. STREET ADDRESS (If P. 14/5 & S. 15/15) 8. DATE OF BIRTH 10/6/886 11. BIRTHPLACE (State or for 14. MOTHER'S MAIDEN NA RATHERINE 17. INFORMANT WELL'E HOLT OF DEATH OF DEATH OF Solvense Little ATION 11. BIRTHPLACE (State or for Bulto 14. MOTHER'S MAIDEN NA RATHERINE 17. INFORMANT WELL'E HOLT AND SOLVENSE LITTLE MATION 18. USUAL RESIDENCE (WALL) 18. USUAL RESIDENCE (WALL) 19. USUAL RESIDENCE (WALL) 19. USUAL RESIDENCE (WALL) 10. STREET ADDRESS (IF P. 15/15) 10. STREET ADDRESS (IF P. 15/15) 11. BIRTHPLACE (State or for Bulto 12. USUAL RESIDENCE (WALL) 14. MOTHER'S MAIDEN NA RATHERINE 17. INFORMANT WELL'E HOLT 18. USUAL RESIDENCE (WALL) 19. USUAL RESIDENCE (WALL) 10. STREET ADDRESS (IF P. 15/15) 11. BIRTHPLACE (State or for Bulto 12. USUAL RESIDENCE (WALL) 13. USUAL RESIDENCE (WALL) 14. MOTHER'S MAIDEN NA RATHERINE 17. INFORMANT WELL'E HOLT 18. USUAL RESIDENCE (WALL) 19. USUAL RESIDENCE (WALL) 19. USUAL RESIDENCE (WALL) 10. USUAL RESIDENCE (WALL) 11. USUAL RESIDENCE (WALL) 12. USUAL RESIDENCE (WALL) 13. USUAL RESIDENCE (WALL) 14. USUAL RESIDENCE (WALL) 14. USUAL RESIDENCE (WALL) 15. USUAL RESIDENCE (WALL) 16. USUAL RESIDENCE (WALL) 16. USUAL RESIDENCE (WALL) 17. USUAL RESIDENCE (WALL) 18. USUAL RESIDENCE (WALL) 18. USUAL RESIDENCE (WALL) 19. USUAL RESIDENCE (WALL) 19. USUAL RESIDENCE (WALL) 10. USUAL RESIDE	Registered No	I Year If U Days Hot WHAT CO
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rrect a da is especially of	LYING OR CONTRIBUTING about CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 22. I hereby certify that I attended	Depth of the bloom	ED 21F. HOW DID INJURY L / , 19 Tto red at 4 A m., from th 3B. ADDRESS Bildle	ne causes and on the d OCATION (City, town, or co Balto, M	ate state



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54		HEALTH DEPARTMENT	Registered No	5373
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B	Baltimore City, Maryland SoftERAN FOR STILL NAME OF (If not in hospital or institution, give street addressed on STITUTION)	SO A. STATE MARVLAND	B. COUNTY BALT. outside corporate limits, wri	before admission)
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1	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp. MARRIED) OA. USUAL OCCUPATION (Give kiod of 10B, KIND OF BUSINESS OF	0/26/00	AGE (In years last birthday) Months:	
	The done during most of working life, even if retired) BAR TENDER - Tavern 3. FATHER'S NAME	MARYLAW 14. MOTHER'S MAIDEN NA	0	WHAT COUNTRY?
T (X	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. DO OT BOOKOONO) (If yes, give war or dates of service) 2.6-03-02	17. INFORMANT	Ule E. Gana	ess
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NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	RCINOMA BLA	DDER	1 yr.
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CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
ICAL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF COMY FOR ACCIDENT, SUICIDE, 218. PLACE OF INJURY (6)	R PRIN s.g., io or 21c. WHERE DID (If	in Baltimore City, give e	YES NO X
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2	23a. SIGNATURE William O Boulf M. D 4a. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEM ON REMOVAL (GREGITY)	0	CATION (City, town, 6 co	unty) (State)
-	Burial 6/1/52 Meadow ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR OC	25 JUNERAL DIRECTOR	orsey Ma	PRESS PST
	vs 150 750	'M	- January Comment	



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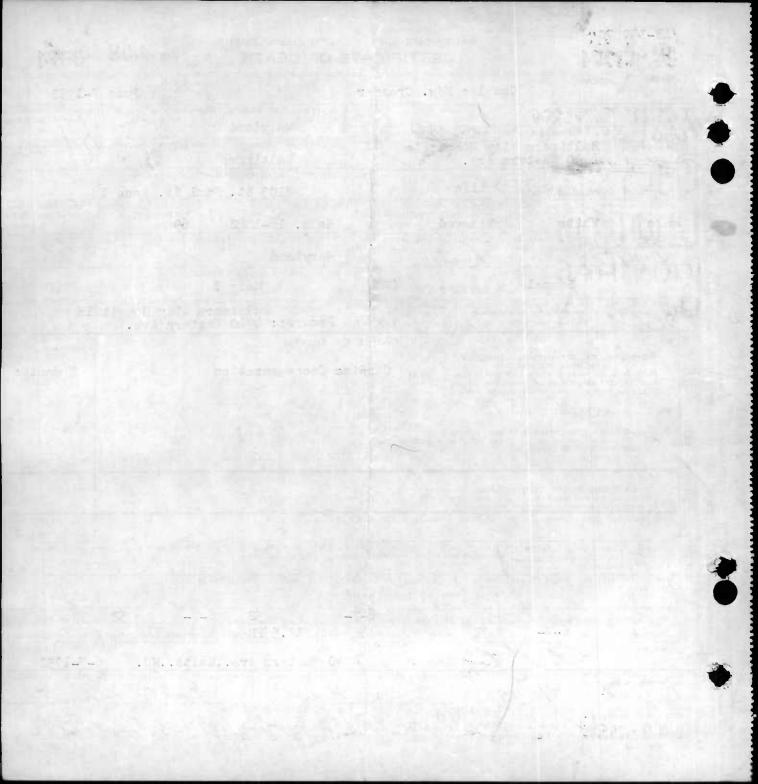
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 80 5374

ВІ	RTH NO.	3/4	CERTIFICAT	E OF DEATH	registeren	30/4
1.	NAME OF D ype or Print)	ECEASED	harles Edw. Creamer		2. DATE OF DEATH Jun	e 7-1952
Α.		City, Maryland		4. USUAL RESIDENCE A. STATE Maryland		f institution : residence before admission
HO	FULL NAME OSPITAL OR STITUTION	Baltimore C 4940 Easter	al or institution, give street address or location) ity Hospitals n Ave.			ts, while RERAL and give township
C.	Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) Paul St. zone	18
5.	sex Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year on the Days Hours Min.
work	Jane during most		heathe	11. BIRTHPLACE (State of Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY
	. FATHER'S N	Samuel (of cocon ()	14. MOTHER'S MAIDEN Mary		(D
15 (Yes	, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANBaltin Records: 4940	ore City Hosp Eastern Ave.	Pels
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HOTA MEDICAL EXAMINER'S CASE

WHITE OR ASSIT. MEDICAL EXAMINER

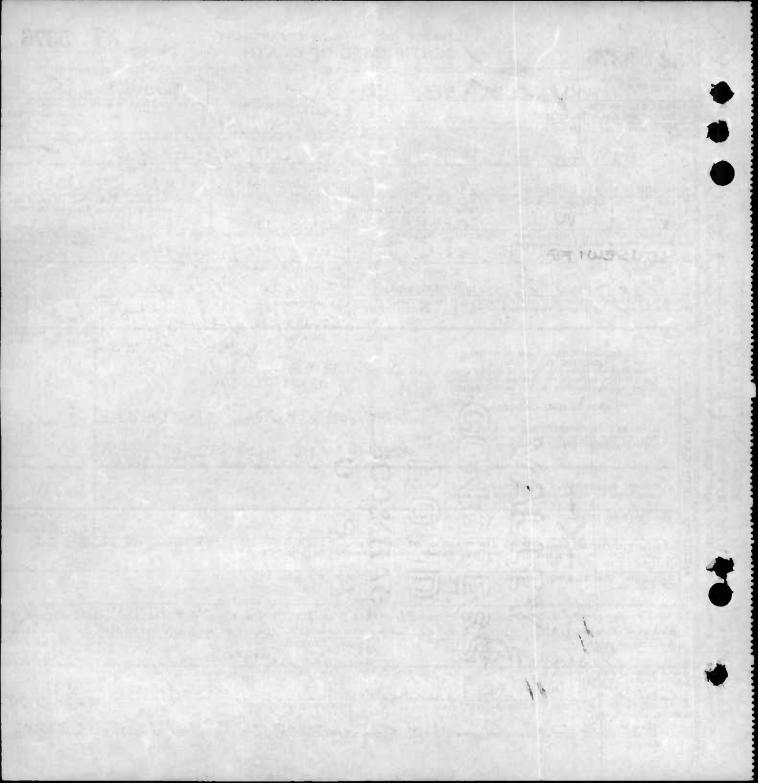
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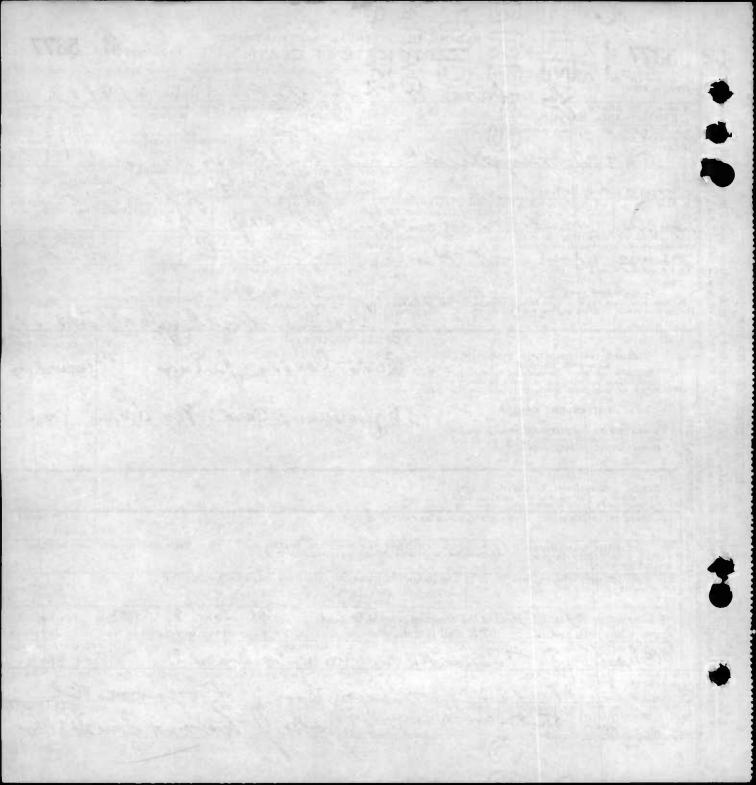
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20. AUTOPSYT

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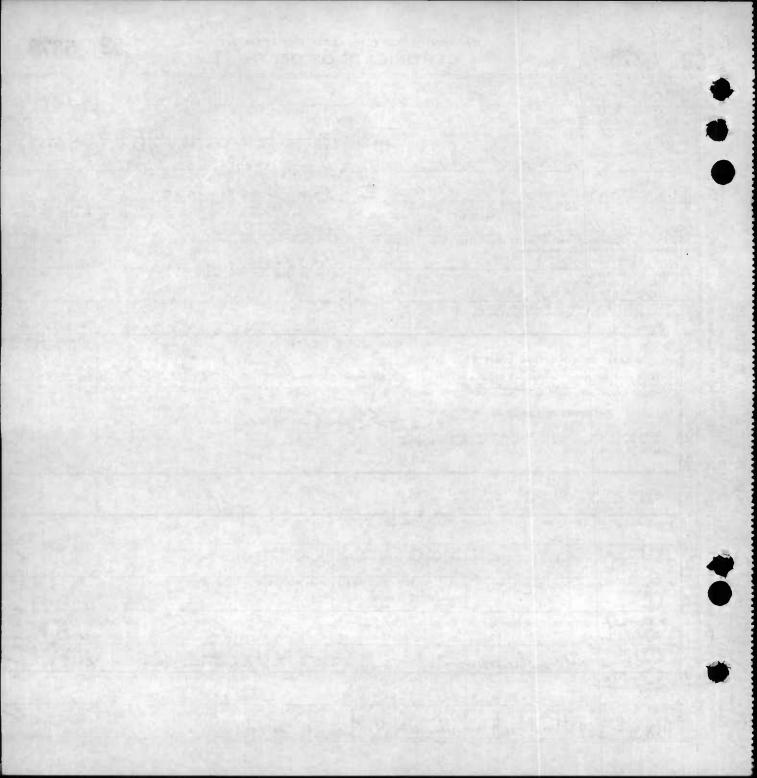
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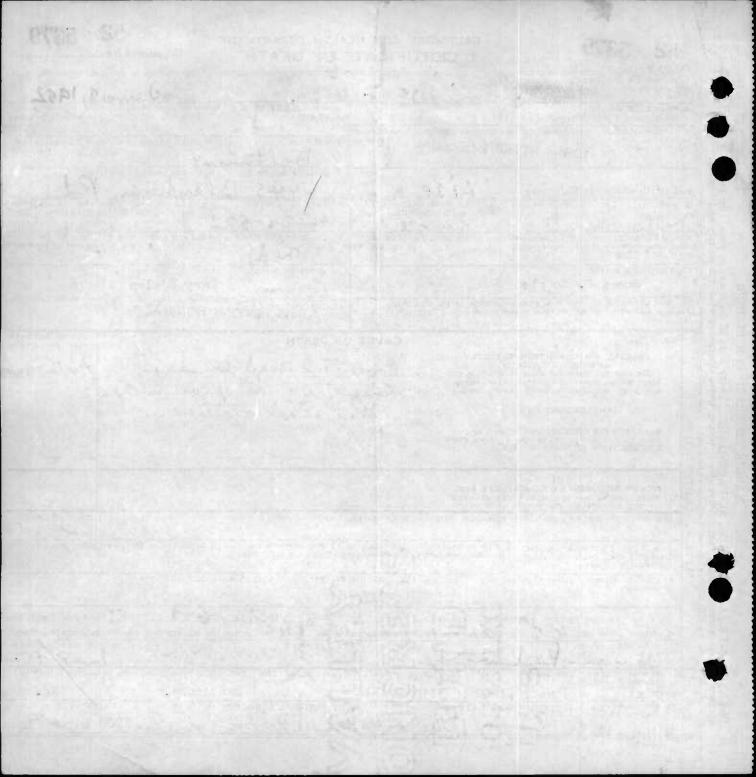
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

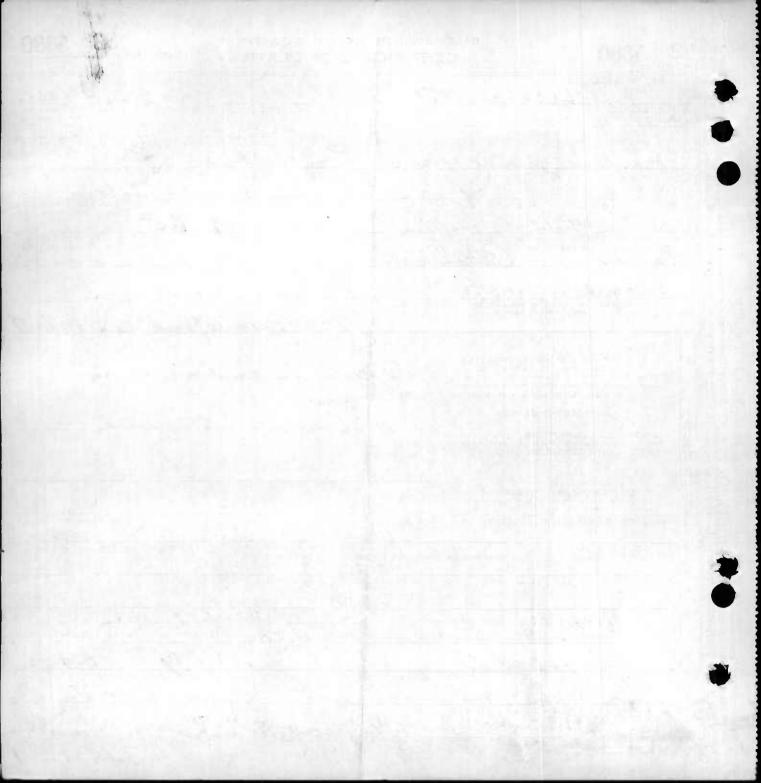
Registered No. 5378

1. NAME OF DECEASED (Type or Print) The RESA BERGE	R 2. DATE OF JUNE 8, 1952
S. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	MARYLAND BALTIMORE
INSTITUTION - A -	c. CITY OR TOWN (If outside corporate limits, water WRAL and give township)
3 N. LAST AVC.	BALTIMORE (I was single continue)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore / C Deys 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (11) years 11 Under 1 Year 11 Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 1NDUSTRY	WHAT COUNTRY?
13. FATHER'S NAME	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB HUDNER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No	MR. CLOTILDA OchLech SN. EAST AVE
18. 442X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 0 - 1
(This does not mean the mode of dying, e.g.,	tensa Carlio . Vasculor - land Descen
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
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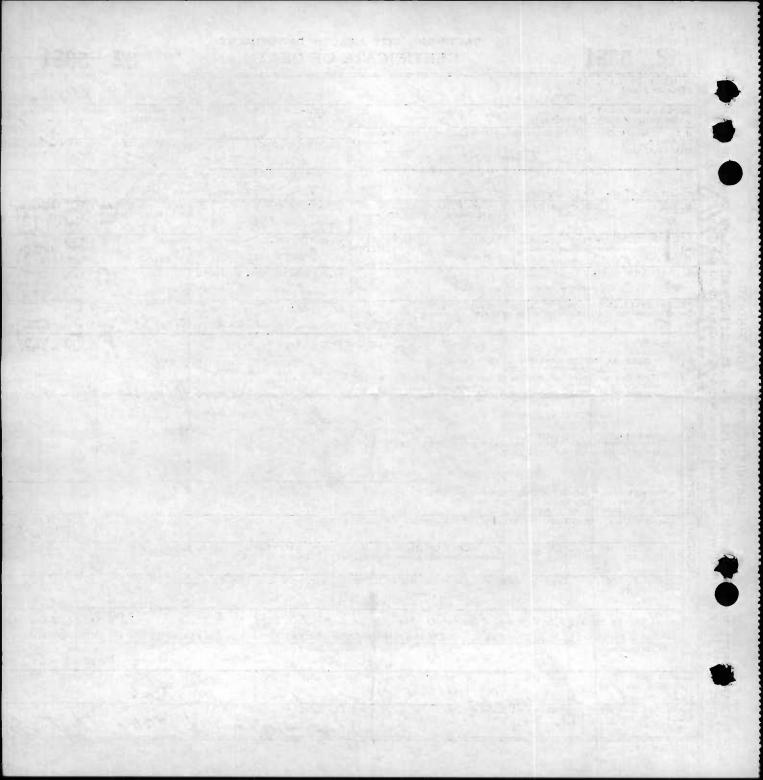


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EQ EQQQ BA	ALTIMORE CITY HE	ALTH DEPARTMENT	52	5380
52 5380 BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	0000
1. NAME OF DECEASED			2. DATE	
(Type or Print) Leonidas	W. Tombli		DEATH June	7/1952
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W)	nere deceased lived. If instit	ution : residence before admission)
B. FULL NAME OF (If not in hospital or institu	ution, give street address or location)	ma.	11-1	5
INSTITUTION	11	C. CITY OR TOWN (If o	utside corperate limits, vri	township)
maryland general	14740 .	D. STREET ADDRESS (If re	ral, give location)	
c. Length of stay in Baltimore	Mos.	625 NI.	Ren Tala	m/
	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Monder last birthday) Months	
m. while n	urid	April 24 1888	65	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work departuring most of working life, even if retired)	ID OF BUSINESS OR	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	chroneth	west. Va		merica-
,		14. MOTHER'S MAIDEN NAI	ME	
Leonidas Tom//in 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	1 16. SOCIAL	Jarah m	oore	
(Yes, no or nnknnwn) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	ADDRI	20 H
18. 4442 ×	CALISE	OF DEATH	the there has	NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL		OF DEATH		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e)/	linois card	in-vascale	,
heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase, th.) DUE TO			
ANTECEDENT CAUSES		cese broschrosis	,	
Z DISEASES OR CONDITIONS, IF ANY, GIV	(B) hup	hochos	arema	>>*************************************
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
2				
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS C				******
山 TRIBUTING TO THE DEATH, BUT NOT RELA	TED			
19a. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL				YES LY NO
	LACE OF INJURY (e. g., ir e,farm,factory,street,nffice bldg.,e		in Baltimore City, give e	exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
OF INJURY	WHILE AT NOT WHILE			
m.	WORK AT WORK L	- 2 , 1954 to 6	-9 10 C 1/2	at I last saw the
22. I hereby certify that I attended the deceased alive on 6-9, 1952		red at // 13 Amfrom the		
23A. SIGNATURE		3B. ADDRESS		C. DATE SIGNED
Azr- Jui Lui	м. р.	me genral	1top. 6	-9-5-2
24A. BURIAL REMA 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or ed	ounts) (State)
DATE RECEIVED BY REGISTRAR'S SIGNA	1 Smothing (25. FUNERAL DIRECTOR	novelle M.	DRESS
LOCAL REGISTRAR	Velliaus, ME	74 west of m	THOUSE OF	0. 1. 1.
301103-1502	0/	Jany 193 Mu	210 7101 CO	Matria Con
VS 150	5018	4	Ballo	29, mg



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	ca ally	egibly.
MANGEN PED FOR BINDING	WITH UNFADING INK. Every item of information should be ca	correct and is especially important. Physicians: please write the causes of death clearly and legibly.
MAIN TENERAL	DING INK. Ev	cians: please writ
WW.	WITH UNFA	important. Physic
	PLEAS VRITE PL	correct and is especially

4-1-		400		
Trhe	BI	52 S381 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	T Registered 20	5381
•	1. (T	NAME OF DECEASED Type or Print) Frank Heil	2. DATE OF DEATH	18/52
plic	A.	B. PLACE OF DEATH: B. Baltimore City, Maryland B. State A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Md.)	(Where deceased lived. If ins	stitution: residence before admission)
ally y.	H	Incorrat on	(If outside corporate limits,	write RURAM and give township)
e callegibly	1	Length of stay in Baltimore # Mos. Days 5208 Box	If rural, give location)	
uld be y and l	5.	6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) 1-25-1903		dei l Year If Under 24 Hours ha Days Hours Min.
on sho	10	OA. USUAL OCCUPATION (Givekind of at done during most of working life, even if retired) Ment Packung Buttone	foreign country)	WHAT COUNTRY?
NDING information should of death clearly ar	13	3. FATHER'S NAME Joseph Heil (M) antoinette	Handrech	
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (a, no or unknowu) (If yes, give war or dates of service) 2/2-10-7540 Sand Lei	-	oress where any
RVED FOR Every item write the cau	Z	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH By ochogenic Carring (A) By ochogenic Carring DUE TO RT LEADING RT LEADING CAUSE OF DEATH By ochogenic Carring CAUSE OF DEATH By ochogenic Carring CAUSE OF DEATH By ochogenic Carring RT LEADING RT RT RT RT RT RT RT RT RT R	na g.Rt.	INTERVAL BETWEEN ONSET AND DEATH
	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN UNFADING Physicians:	RTIF	OTHER SIGNIFICANT CONDITIONS CON-		
UN Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
VITH tant.	CAL			YES NO
WITH Portant	MEDIC	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
On Child		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJU WHILE AT NOT WHILE AT WORK AT WORK	RY OCCUR?	
E PI specie		22. I hereby certify that I attended the deceased from 12-17, 137, to		that I last saw the
VRITE PL		deceased alive on 6 \$ - 1952, and that death occurred at 1.30 Pm., from 23A. SIGNATURES 23B. ADDRESS 25B. ADD	the causes and on the	23c. DATE SIGNED
AS set as		24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b.	LOCATION (Gity, town, or	county) (State)
PLEAS	D.	GATE RECEIVED BY PRECIOTER'S SIGNATURE M. 25. FUNERAL DIRECTOR	ach 400h	Chestro la
		VS 150		



VS 150

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

Dr L Misa 920 St Paul, St.

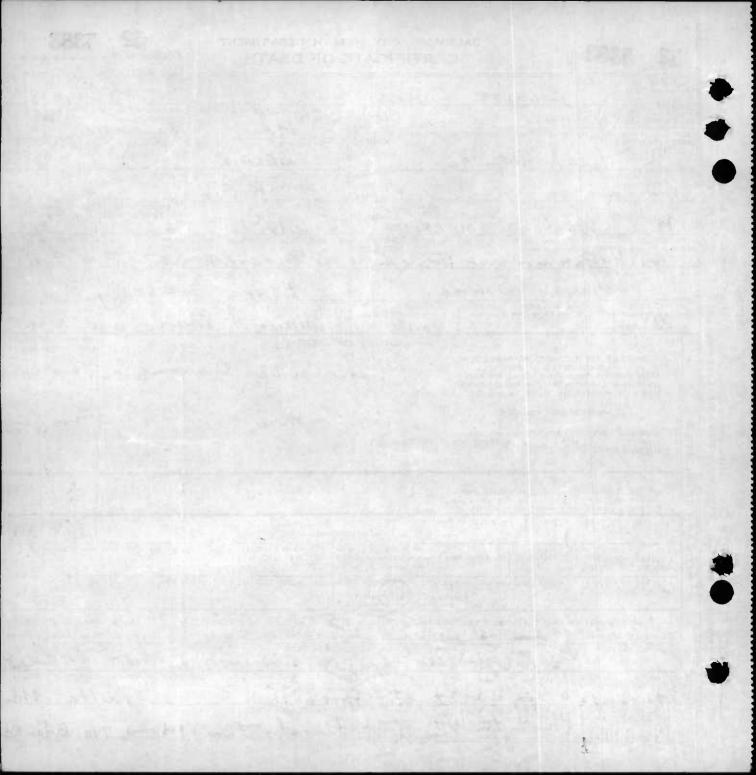
52		5383
BIRTH	NO.	-

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	5383
D	
Registered	No.

	1. (T)	NAME OF DECEASED CHARLES SIMMS		2. DATE OF	ar T.	0 -
	3.	PLACE OF DEATH:	4. USUAL RESIDENCE (W	DEATH here deceased live	I. If institution : reside	75 Z
	В.	Baltimore City, Maryland Baltimore Md. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE MJ.	Ball		ission)
		DSPITAL OR STITUTION location)	c. CITY OR TOWN . (If a	outside corporate l	imits, write RURAL stow	nd give
		MERCY HOSPITAL Yrs.	DELAIR D. STREET ADDRESS (If r.	ural, give location	1	
0	c.	Length of stay in Baltimore Mos.	R.F.	D.	5300	
7	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under Year Il Under Months Days Hours	24 Hours : Min.
2	10	A. USUAL OCCUPATION (Givekinder 108, KIND OF BUSINESS OR	June 16" 1869	82		
1	work	done during most of working life, even if retired)	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COU	
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	4.5.	4.
		WILLIAM SIMMS	ETHEL	MCLE	PRU	
5	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 1, no (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	O.	ADDRESS	
3		inknown NONZe	WILLIAM H.	IMMS	6 805 Ban	K5%
3		727.2	OF DEATH		ONSET AND	TWEEN DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	to Caroline Dec	compone	Tia Three 1	Wear
3		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				^
		ANTECEDENT CAUSES			1	1)
	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	eumonia.	***-*********************	your o	day
1	F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		•		
	2	(¢)		***************************************		
	RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-				
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	······································			
	1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOF	[24]
200	CA	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (If	in Baltimore Ci	ty, give exact location	no [4]
FOT	ED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?			
	2	21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	ED 21F. HOW DID INJURY	OCCUR?		
21.1		m. WHILE AT NOT WHILE				
1			ene > 1, 19 , to J.			
3		deceased alive on 8th June, 1952, and that death occur	red at 4:35 Rm., from th	e causes and o	n the date stated of	
3		M. K. Quinn M.D.	Mercy Hosp	ITAL Ba	ef. 9 12 Ju	
	24 TIC	A. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETER		CATION (City, to	own, or county) (State)
2		Burial 6/12/52/5t. Vicha	1/ Luth		Bulto 1	210
1		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	0 411	ADDRESS	-
	-	UN 1 0 1952	Lass alm I ha	enal Hon	4 7401 DMG	in Ro
1	1	VS 150	100			

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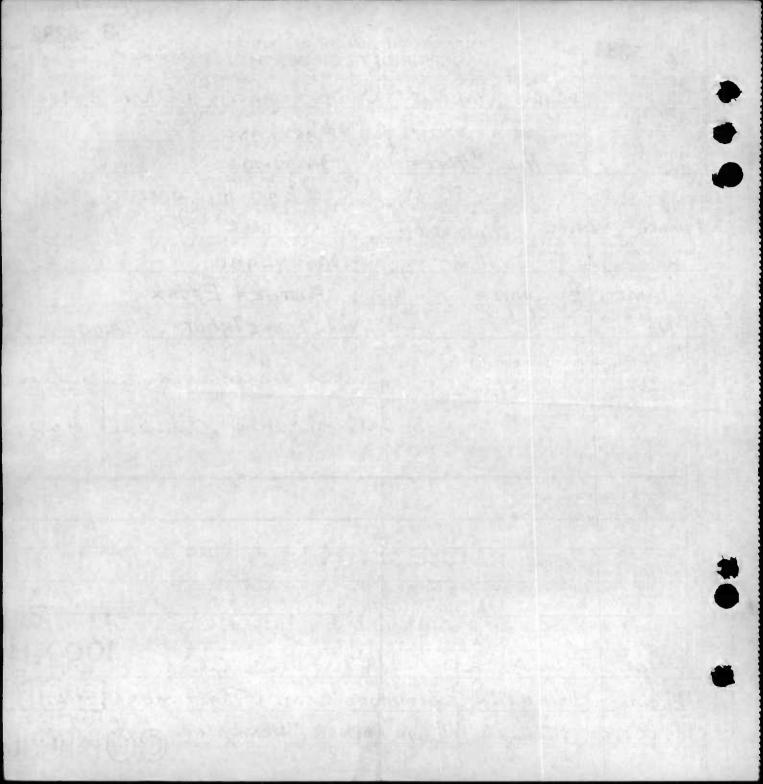


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PLEASE correct a

Bi	52 53 RTH NO.	84	DA.	CERTIFICAT	E OF DEATH	Registere	d No
1.	NAME OF D	ECEASED	MA	RGARETS	UNDERLAND	2. DATE OF DEATH JU	NE 8,1952
Α.		EATH: City, Maryland			4. USUAL RESIDENCE (Where dcceased lived B. COUNTY	
H	FULL NAME OSPITAL OR STITUTION	-		tion, give street address or location)			mits, write RURAL and give
		22 LAST HI	ILL S		BALTIMOR		— O / township)
c.	Length of s	tay in Baltimore		50 Yrs. Mos. Days	1	f rural, give location)	
5.	SEX	6.COLOR OR RACE	7. SINGL WIDOV	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	
10	MALE A. USUAL OC	WHITE CUPATION (Givekindo	I IOB. KINI	OWED D OF BUSINESS OR	Nov. 21, 1862		12. CITIZEN OF
WOT	HOUSE	of working life, even if retired		ME	MARYLAN	D	WHAT COUNTRY?
13	FATHER'S	- C		Tour RETURN	14. MOTHER'S MAIDEN	Arms	
15	JAMA . WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	ALETHE A	ESSEX	ADDRESS
(Ye	No or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	MRS. IRENE TI	RAUTY .	SAME
		2X 1			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION LEADING TO DEA not mean the mode	TH	Con	elial Thra	ulusia.	3 days.
	heart failu	re, asthonia, etc. It me complication which	ans the diseas	se,		With a first to the second	
	15-16-16	ANTECEDENT CAU	SES	Out	Euseleveri	: (0.00.	0 2
TION		S OR CONDITIONS,		NG	uw patane	, ana	L Zyu.
CAT		YING CONDITION L		(C)	***************************************	***************************************	······································
II.		11					
ERTI	TRIBUTING	SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED			
LO		AND THE RESERVE TO A STATE OF THE PARTY OF T		R FINDINGS OF OPER	RATION		20. AUTOPSY?
ICA		ENT WAS UNDER		ACE OF INJURY (e. g.,		(If in Baltimore Cit	y, give exact location)
MEDI	LYING OF	R CONTRIBUTING DEATH	obout home,	, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		Str. Park
-	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURE WHILE AT NOT WHILE		RY OCCUR?	
			m.	WORK AT WORK		6-f 19	\$2, , , , , ,
		y certify that I at live on 6 - 8			rred at 5 P m., from	,	hat I last saw the the date stated above.
	23A SIGNA		. 0		23B. ADDRESS	Bon 01	23c. DATE SIGNED
2	4A. URIAL.		-	24C. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, to	
TI	BURIAL		1,1952	BALTIMOR		PALTIMO	
0	OCAL REGIST	D BY REGISTRAR	'S SIGNAT	Williams AME	JOHN FSDENN		S APERT ST.
	UNIU	July 1 miles	marion	MALLAULUT, MY	100000	DA	LTO., 30, MO.



township)

El Under 24 Hours

WHAT COUNTRY

if Under 1 Year

June 8. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)

(If outside corporate limits, write RURAL and give

(If rural, give location

12. CITIZEN OF

M's Christinia Dorsey 521 W. Biddle

INTERVAL BETWEEN DNSET AND DEATH

Md. ADDRESS 578

23c. DATE SIGNED

20. AUTOPSY

LOCAL REGISTRAR

REGISTRAR'S SIGNA

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BATTANDO STEAD INTER

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DICAL

52-0					52	5386
BIRTH NO.	<u>86-158</u> 104			E OF DEATH	Registered N	
1. NAME OF (Type or Prin	DECEASED t)	Margaret !	Young		2. DATE June	8, 1952
3. PLACE OF A. Baltimor	e City, Maryland	al or institution, give street a	ddwaaaaa	4. USUAL RESIDENCE (Who A. STATE Maryland	ere deceased lived. If B. COUNTY	institution: residence before admission)
HOSPITAL CINSTITUTIO	R Balti more Cit 4940 EasternA	y Hospitals venue	location)			s, write RURAL and give
	f stay in Baltimore	24 yrs.	Yrs. Mos. Days	D. STREET ADDRESS (If ru 2804 Wood)	ral, give location) orook Avenue	1
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED 1 COWED	O (Specify)	8. DATE OF BIRTH Oct. 12, 1913	9. AGE (In years birthday) Mo	f Under 1 Year on the Days Hours Min.
10A. USUAL work done during n	OCCUPATION (Give kind of nost of working life, even if retired)	108. KIND OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or fore Mary land	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER	James A.	Young	ELE	14. MOTHER'S MAIDEN NAM Matilda Flo		
15. WAS DECI	ASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURIT	Y NO.	17. INFORMANT Records: B. C. H.		DDRESS rn Avenue
(This heart f	EASE OR CONDITION LEADING TO DEAT loes not mean the mode of ailure, asthenia, etc. It mea or complication which c	DIRECTLY H f dying, e.g., ns the disease,		of DEATH nated Lupus Eryther	matosis	INTERVAL BETWEEN ONSET AND DEATH YEARS
z	ANTECEDENT CAUS	(B)	ronch	opneumonia		4 days
RISE T	SES OR CONDITIONS, II O THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING THE DUE TO				
F	R SIGNIFICANT CONDI	TIONS CON-				

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 152, that I last saw the 6-8 19.52 to.

22. I hereby certify that I attended the deceased from deceased alive on 6-8, 152, and that death and that death occurred at. 23A. SIGNATURE M. D.

238. ADDRESS 4940 Eastern Avenue

1 Pm., from the causes and on the date stated above. 23c. DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY

240. LOCATION (City, town, or county)

Md.

6 - 12 - 52DATE RECEIVED BY. JUN 1 0 10

24B. DATE

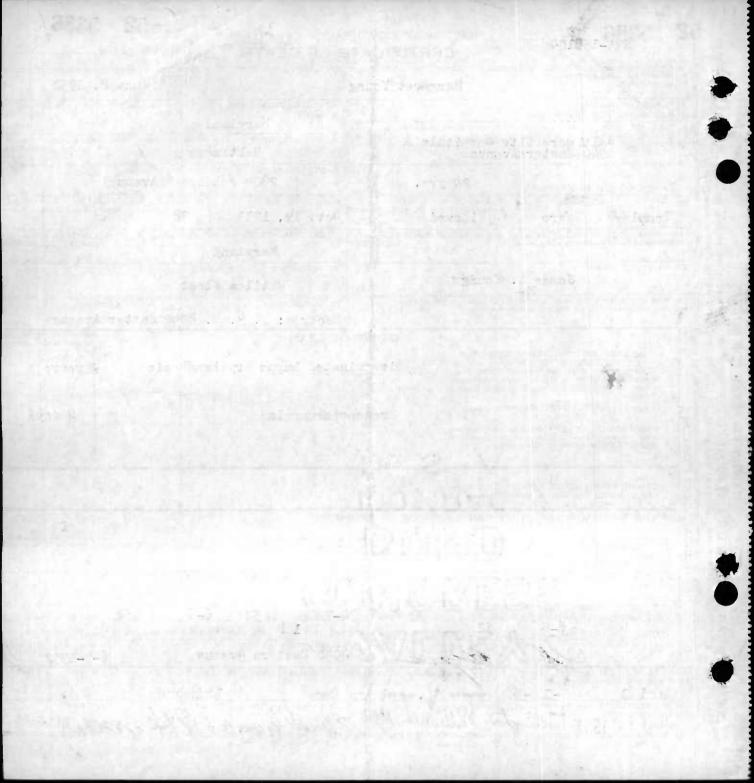
25. FUNERAL DIRECTOR

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

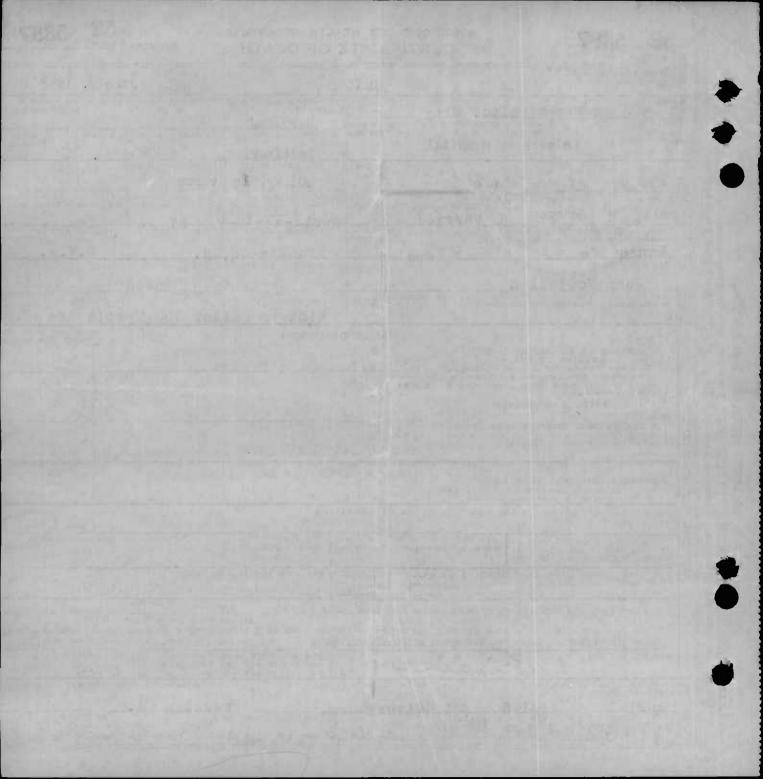
ADDRESS Middle St

6-9-1952



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	52 5387 BALTIMORE CITY HE CERTIFICATE	1/10(1)
₫ T.	IRTH NO. NAME OF DECEASED (Type or Print) ANNIE DAIL	EY PATH June 9, 1952
A B H L	Baltimore City, Maryland Balto. City FULL NAME OF OSPITAL OR OSPITAL OR University Hospital	4. USUAL RESIDENCE (Where deceased lived, If institution: residen a. STATE B. COUNTY before admit Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and town Baltimore
care egibl	Yrs. Mos. Length of stay in Baltimore Life Days	D. STREET ADDRESS (If rural, give location) 402 Myrtle Avenue
should be early and	Colored Colore	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours last birthday) Months: Days Hours last birthday Months: Days Hou
of death	John McClellan 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (a. no or unknown) (If yes, give war or dates of service) SECURITY NO.	Gertrude Henson 17. INFORMANT ADDRESS Winters Dailey 402 Myrtle Ave
Is: please write the causes	DISEASE OR CONDITION DIRECTLY	DF DEATH INTERVAL BET ONSET AND D INSIVE Heart Disease
Physicians: F	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
4 . 4	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA 21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
important	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	
e is especially	22. I certify that I took charge of the remains described at the evidence obtained by said Autopsy. Inspection or In	ove, held an autopsy thereon and particles, held an autopsy, Inspection or Inquiry aquiry, find that said deceased died on the day stated al , accident , suicide , homicide , undetermined
orrect ag	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER 2	ASSISTANT MEDICAL EXAMINER
	S 151	though Wilson 1000 Brantly of



PLEASE correct age

J& J300	CERTIFICATE	OF DEATH	Registered No.	
I. NAME OF DECEASED (Type or Print)	10		2. DATE OF	
Howard	Johnson		DEATH JUNE	1,1952
A. Baltimore City, Maryland 13	Castle St.	4. USUAL RESIDENCE (Where deceased lived, If ins	titution; residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	stitution, give street address or location)	c, CITY OR TOWN (1	f outside corporate limits, v	
none		Ballimon	e md 6	-04 township)
c. Length of stay in Baltimore	Pays. Mos. Days	d. STREET ADDRESS (18		
	NGLE, MARRIED. IDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		der I Year H Under 24 Hours has Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during prost of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country) 12	CITIZEN OF
13. FATHER'S NAME	arming	14. MOTHER'S MAIDEN N	Md.	u. S. a.
The Johnson	V	Leash.	La (Marcon)	
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yee, no or nnknown) (11 yes, give war or dates of serv.	ES? 16. SOCIAL ice) SECURITY NO.	17. INFORMANT	ADD	PRESS
na	none	Carrie Johns	on (well) So	me addres
18. 420.0	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dyin, heart failure, asthenia, etc. It means the injury or complication which caused	g, e. g., (A)Cerell	ral Thrombo	sis, left mild	3 days
ANTECEDENT CAUSES			0 -	
DISEASES OR CONDITIONS, IF ANY,	GIVING (B) CELLE	esclustic N	eart Sesare	co yr.
RISE TO THE ABOVE CAUSE (A) STATIS	(C)	abjed arter	wiclerosis	unknows
OTHER SIGNIFICANT CONDITIONS				
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED h			
19A. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
21A. ACCIDENT WAS LINDER. 21E	3. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., etc		If in Baltimore City, give	
2 10. TIME (Month) (Day) (Year) (Hour OF INJURY) 21E. INJURY OCCURRED WHILE AT NOT WHILE THE WORK AT WORK	21F, HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended		8 , 1952, to	une 9 , 1952	that I last saw the

19 52, and that death occurred at 1246 from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23A. SIGNATURE 23B ADDRESS CREMA-24c. NAME OF CEMETER

BALTIMORE CITY HEALTH DEPARTMENT

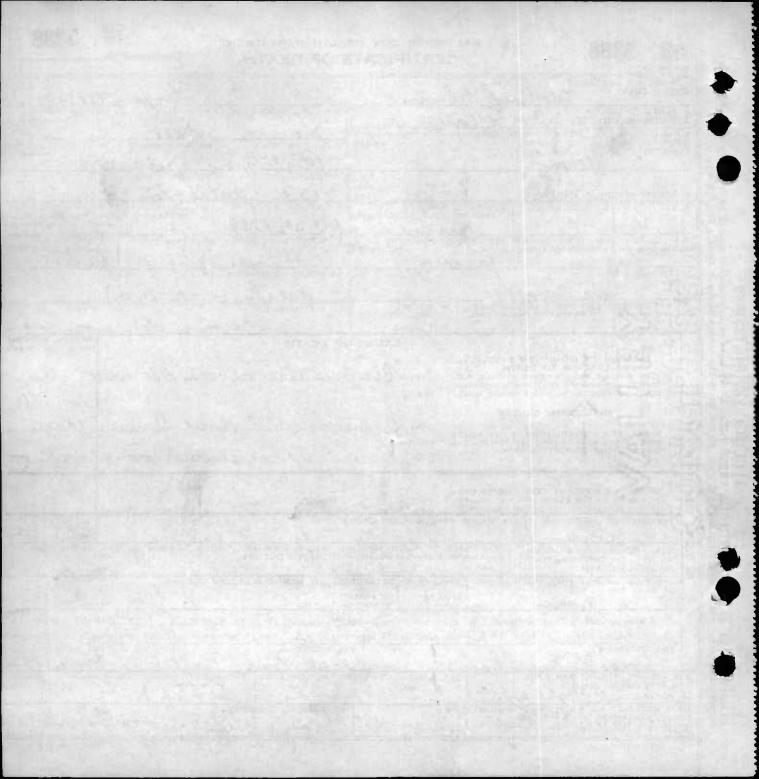
REGISTRAR'S SIGNATURE RECEIVED BY 25

FUNERAL DIRECTOR

52

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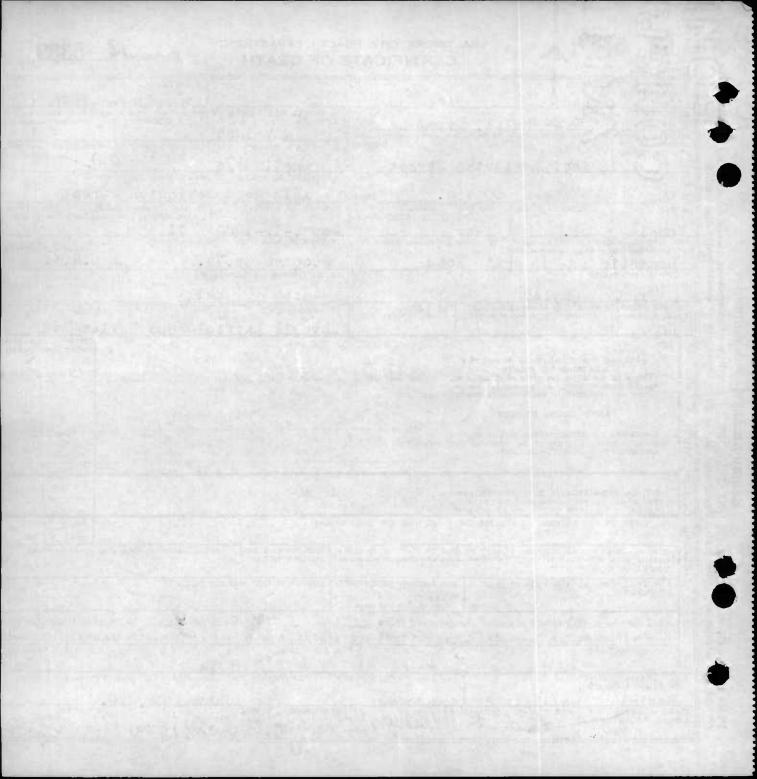


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BALTIMORE CITY HEALTH DEPARTMENT

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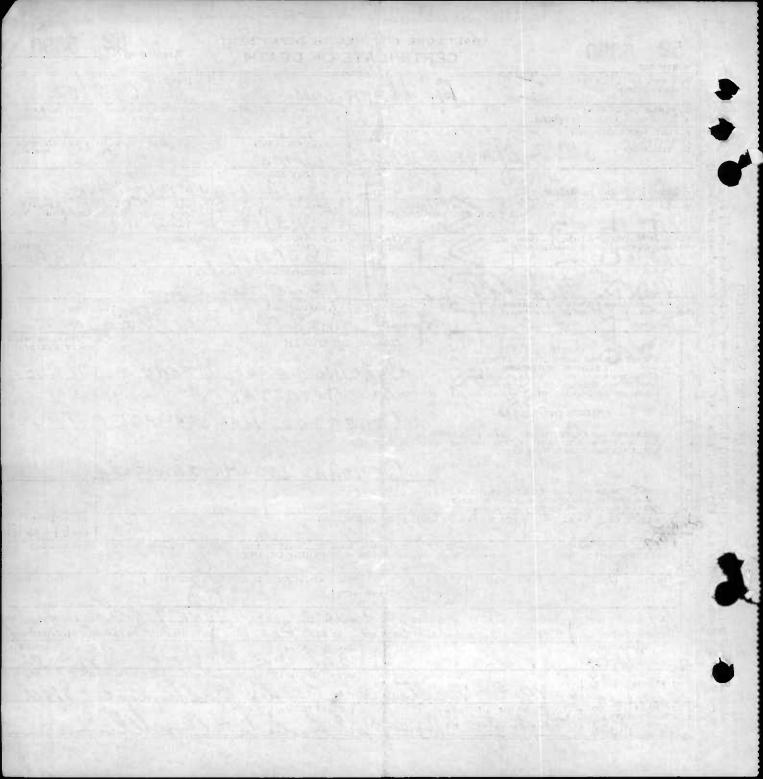
he	BI	RTH NO.	0,00		CERTIFICAT	E OF DEATH	Registere	34° <u>5389</u>
	1.	NAME OF Di	A	9.15			2. DATE OF =	
plie	3. PLACE OF DEATH: A. Baltimore City, MarylandBalto, City				itv	A. STATE	ICE (Where deceased lived B. COUNTY	
ally y.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1212 West Lexington Street					C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)		
e care legibly.	c. Length of stay in Baltimore 30 Yrs. Days					D. STREET ADDRESS (If rural, give location) 1212 West Lexington Street		
ld b	WIDO				E. MARRIED. ED, DIVORCED (Specify)	Sept -19-1		Months Days Hours Min.
n should clearly a	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)			108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
IDING information shou of death clearly	13. FATHER'S NAME Frank Ryley					14. MOTHER'S MAIDEN NAME Sarah Hall		
BINDIN of infor	15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
of i		NO			000111111101	Novella Ra	vfield 859 E	Harlem Ave
MARGIN RESERVED FOR BINUNFADING INK. Every item of i Physicians: please write the causes	CERTIFICATION	(This does heart fallu injury or DISEASES RISE TO T UNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA 'I	TH f dying, e. g ns the disease saused death SES F ANY, GIVIN STATING TH SST. TIONS CON NOT RELATE	(B)(C)	of death	مًا	ONSET AND DEATH
H	7	1	The second secon		FINDINGS OF OPER	RATION		20. AUTOPSY?
WITH important.	MEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm,factory,street,office bldg.,		(If in Baltimore Ci	ty, give exact location)
	_	OF INJURY	(Month) (Day) (Year)	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?	
RITE PL	24		TURE WAA	£ 9	and that death occur	3B. ADDRESS		952, that I last saw the m the date stated above. 23c. DATE SIGNED 2-9-52 own, or county (State)
PLEAS!	- D/	Rurial ATE RECEIVE DCAL REGIST	6/12/1 D BY REGISTRAR	952	Accomac	South The	Accomac Co.	Buntly our
	1	Vs 150		0	7 57208	A		0



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF RR ISON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION legibly D. STREET ADDRESS Yrs. If rural, give location) c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. plnods \$ 69 clearly 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s s of death cle OUSEWIFE 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 6. SOCIAL RANAPORESS no or unknown) SECURITY NO causes Jo none Every item INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH UNKNOW (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ETASTASIS. ANTECEDENT CAUSES INK. HEMORRHAGE DISEASES OR CONDITIONS, IF ANY, GIVING ATI RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTERIOSCHERO RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-回 TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CA 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) ED (Specify) HOMICIDE about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT deceased alive on JUNE 9, 1953, and that death occurred at 5 m., from the causes and and it is a the especia 24A. BURIAL, CREMA 24c. NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify PLEAS DATE RECEIVED BY REGISTRAR'S 99 ECTOR ADDRESS LOCAL REGISTRAR VS 150

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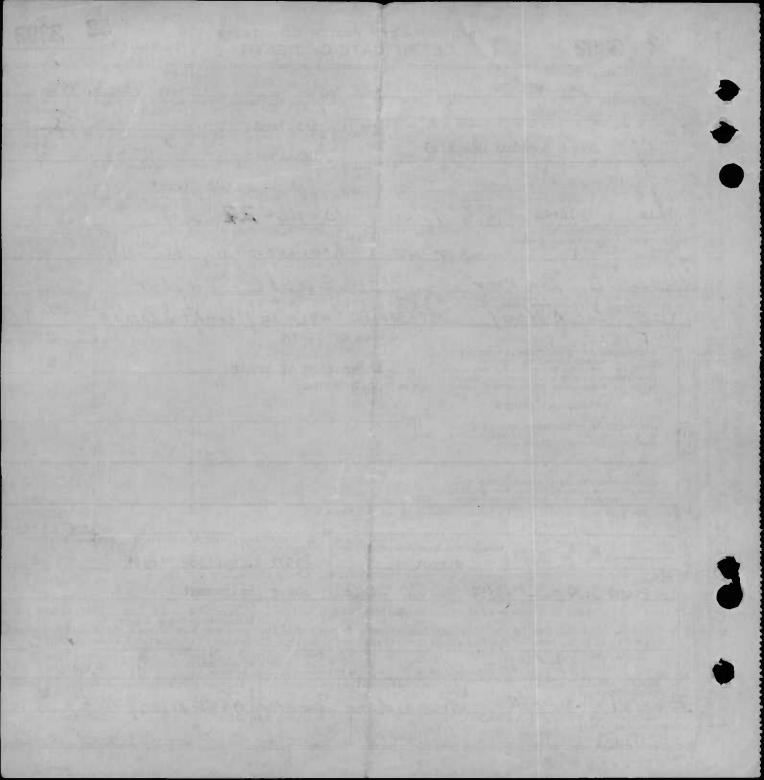
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11	BALTIMORE CITY HE	EALTH DEPARTMENT	52	5300		
	52 STIFICATI		Registered No.	0000		
1	NAME OF DECEASED Type or Print)		2. DATE OF			
	WILMER	BAKER	DEATH June 9			
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived, If insti B. COUNTY	tution: residence before admission)		
H	FULL NAME OF 'I' not in hospital or institution, give street address or OSPITAL OR location)	111111111111111111111111111111111111111	utside corporate limits, wr			
	Johns Hopkins Hospital	Baltimore	10-0	(township)		
	Yrs. Mos.	D. STREET ADDRESS (If re	ural, give location)			
	. Length of stay in Baltimore Days	1404 E. Biddle				
5	Male 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday) Months			
1	DA. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR Lydre during mortal proking life, even if retired)	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF		
	haufter Lumber Co.	Kobinson Co.	N.C.	WHAT COUNTRY		
1	TESSIE Baker	SUSIE	aular			
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 18. po or unknown) (If you, give war or, dates of service) SECURITY NO.	17. INFORMANT	ADDR	ESS.		
	Pes, no or unknown) VCS USA May 37-38-492	Susie Taylor-	Rt. 2 BOXZ8	wille n.c		
	18. £ 98.2 x . CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY			ONSE! AND DEATE		
	(This does not mean the mode of dying, e.g., (A)Lace	ration of brain		***************************************		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE το Stab	wound				
	ANTECEDENT CAUSES					
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	***************************************			
NOIF	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
1	(C)					
FIC	11					
RT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
UH	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
AL	ISS. DATE OF CHANGE			YES NO		
	21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., c.		in Baltimore City, give	exact location)		
III	OTING CAUSE OF DEATH. Street	1522 E. Madi	son Street			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
	Found 3:30 a.m. 6/8/52. WHILE AT NOT WHILE AT WORK					
	22. I certify that I took charge of the remains described a			ereon and from		
	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square .					
	23A. SIGNATURE RATE	ASSISTANT MEDICAL EX	CAMINER	ATE SIGNED		
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	.D. MEDICAL INVESTIGATO RY OR CREMATORY 24D. LOG	CATION (City, town, or ed	-		
	Surial 6/15/52 Richardson	Cemeter Nos	Luille N.	C.		
10	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AD	DRESS		
1	VIV 1 0 1952 Huntington Williams My	Charles K. 2	an 802 ma	d. aneli		
\	S 151 N853.2 0 - 68361	5 5 5 7	to distribute	1/		



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FOR BIN	ry item of i	the causes
IARGIN RESERVED FOR BINDING	INK. Eve	please write
MARGIN	WITH UNFADING INK. Ev	Physicians: p
1	WITH	important.
	RITE P	t age is especially important.
	LEAS	rrect

5	-220						
e e		E OF DEATH Registered No	5393				
The	I. NAME OF DECEASED (Type or Print) Mamie Gertrude R. Discus	2. DATE OF DEATH 6-8-52					
ildo	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instit					
-	B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location INSTITUTION						
ly.	933 Park Ave.	Baltimore //O	township)				
legibl.	c. Length of stay in Baltimore 61 vrs. Days						
and b	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH 9. AGE (in years last birthday) Months	Days Hours Min.				
information should s of death clearly an	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) HOUSEWINE		CITIZEN OF				
th c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
dea	Robert Chase	Georgeanna Askins					
info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR					
em of i	18. // 2/ ,L CAUSE	Vashti Bristol 933Park A	NTERVAL BETWEEN				
UNFADING INK. Every item Physicians: please write the can	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C)	yeartes Jacks O lest (Harney)	P 9				
UNFAD	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
Pref	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY7				
WITH portant.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
in Vi	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	E					
P	m. WORK AT WORK 22. I hereby certify that I attended the deceased from 5 - 29, 182, to 6 - 8, 195, that						
TE P especia	deceased alive on, 195 and that death occurred at, from the causes and on the date stated al						
RITE is esp	Make Walled M.D.	861 Harlem Ave.	- (4-52				
200.00	TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or co					
PLEAS correct	Burial 6-13-52 Arbutus Mo		DRESS				
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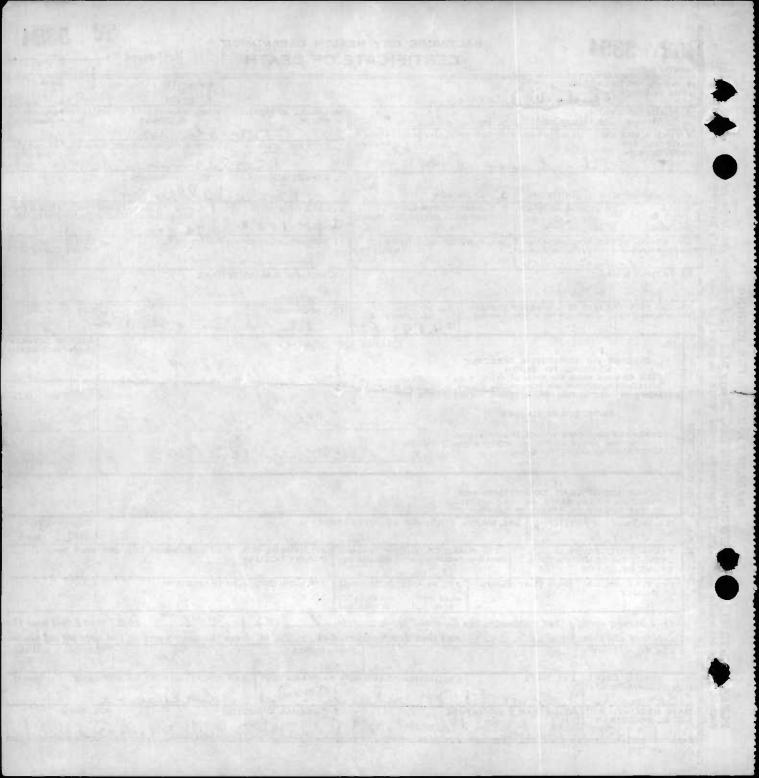
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	000 ×	CERTIFICATI	E OF DEATH	Registered	No.		
1	NAME OF DECEASED			2. DATE	m 815 1952		
(T	Type or Print) & Looks. W & ol			DEATH (9 P.m.		
3. A.	Baltimore City, Maryland	Valley at	4. USUAL RESIDENCE	Where deceased lived. I	f institution : residence before admission		
В.	FULL NAME OF (If not in hospital or institu	ution, give street address or location)	c. CITY OR TOWN	If lateide corporate lin	its, write RURAL and giv		
	STITUTION J. The States	1 Horror	Bas	Limou	10-0 township		
1		Yrs. Mos.	D. STREET ADDRESS (1	f rural, give location)			
-	Length of stay in Baltimore & W-	Days Days	12001	9. AGE (in years)	If Under 1 Year If Under 24 Nour		
	ale white WIDO	WED, DIVORCED (Specify)	Sept- 1880	last birthday) M	Ionths Days Hours Min		
1 C	OA. USUAL OCCUPATION (Give kind of 10B. KIN k dojne duying most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY		
	LAUNDRY WORKER		Daltimore	ha			
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
_	John Cole		Comma He	+th.			
Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	(ADDRESS		
		174,544,537	Tittle Side	in of Flor	par		
	18. 422.1	CAUSE	OF DEATH	-	INTERVAL BETWEE		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(1)	Amen Maria	MAINILLI	111		
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc.	(This does not mean the mode of dying, e.g.,					
	Injury or complication which caused dear		1 - (10)	0			
7	ANTECEDENT CAUSES	CO.	Meno Sci	proses	5 yrs		
ا ق	DISEASES OR CONDITIONS, IF ANY, GIV		3 1 ()	1			
4	UNDERLYING CONDITION LAST.	(6)	sonclual Co	Muca	21/2		
2		(0)					
RTIF	OTHER SIGNIFICANT CONDITIONS CO						
O E	TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING						
AL	19a. DATE OF OPERATION 19B. MAJO		20. AUTOPSY?				
EDIC	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	OF INJURY MHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from Jame - 1 - , 19 52 to June 8 , 19 52 that I last saw th						
	deceased alive on June 7-, 1932, and that death occurred atm., from the causes and on the date stated abov						
	23A. SIGNATURE	tall mg "	16318Na	rete ave	23c. DATE SIGNED		
2	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State		
Č	Bernal June 11.195	morela	ud eneouse	03 allun	ru		
	OCAL REGISTRAR	TATILLY M.Z.	25. FUNERAL DIRECTOR		ADDRESS		
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before admission)

If Under 1 Year

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12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

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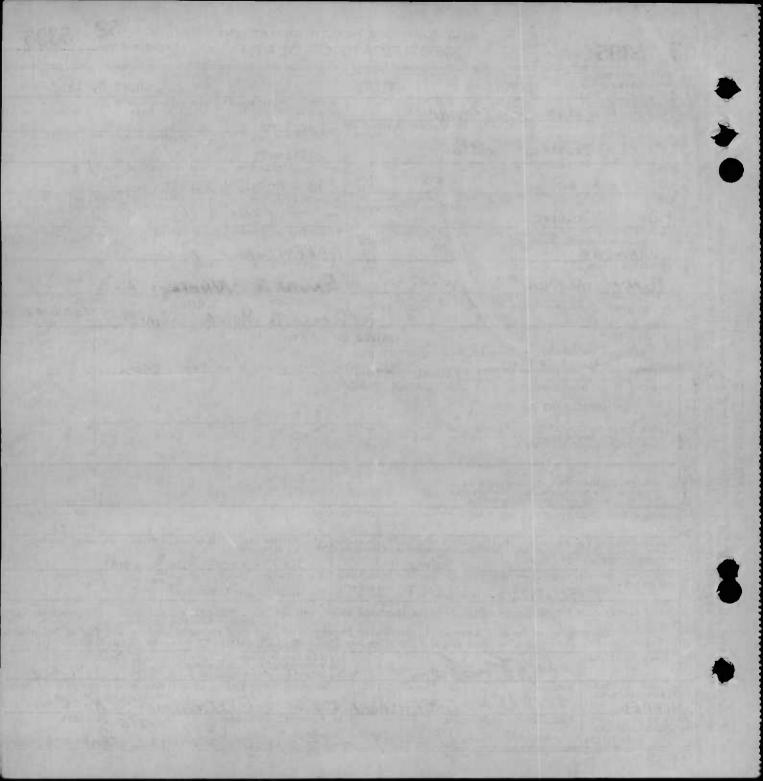
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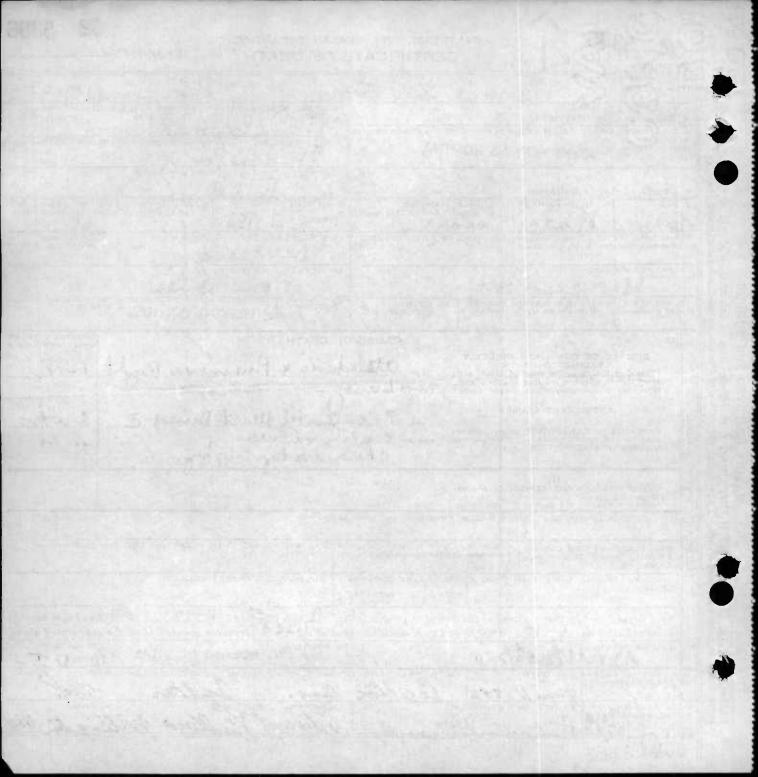
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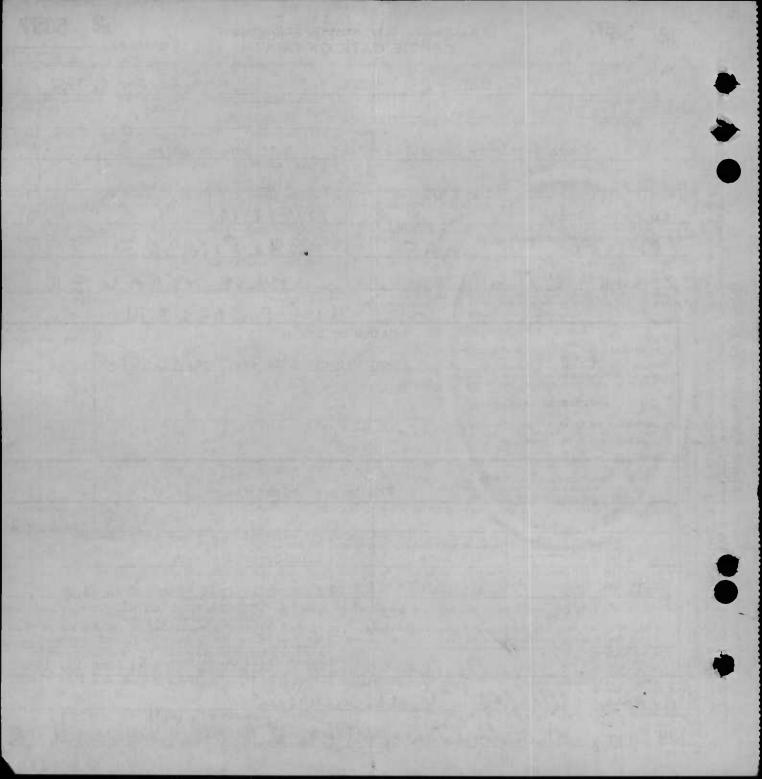
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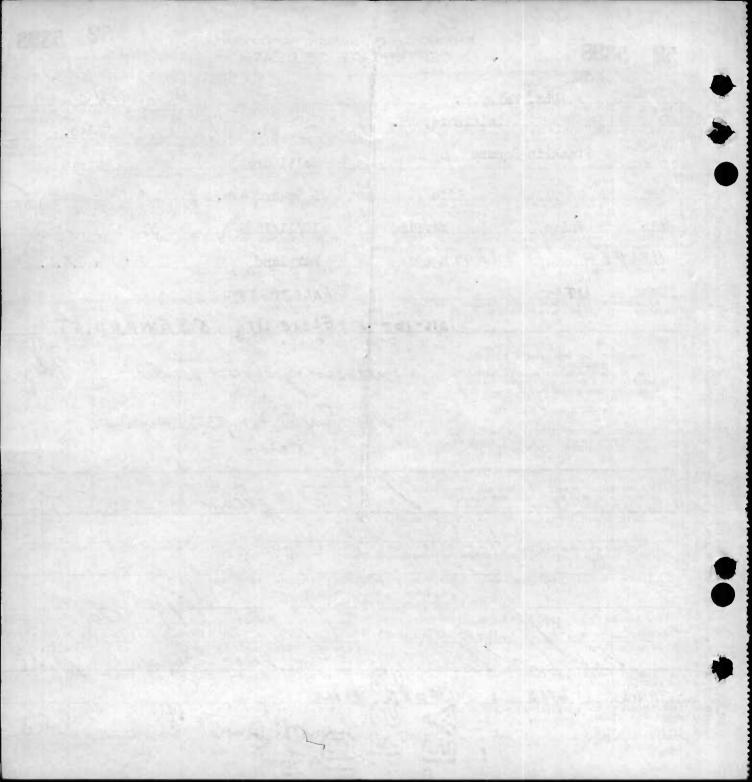
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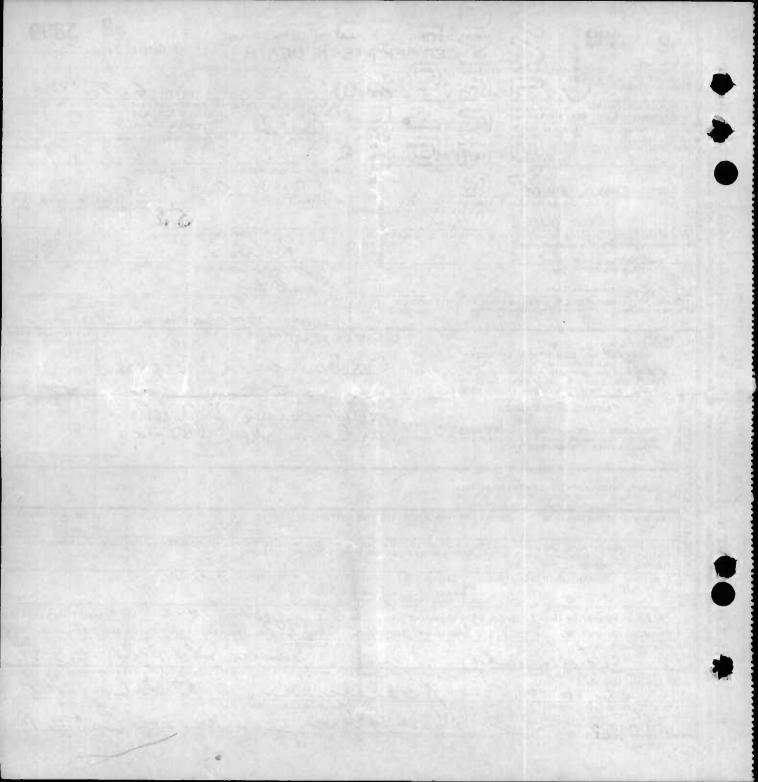
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ABDRESS

DIRECTOR

	CERTIFICATE OF DEATH Registered No.					
ВІ	RTH NO.	CERTIFICATI	E OF DEATH	registered iv	0	
	NAME OF DECEASE Sold	ie SOLOM	ON	2. DATE OF DEATH	9.1952.	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If is	nstitution : residence before admission)	
H	FULL NAME OF (If not in hospit SPITAL OR STITUTION	tal or institution, give street address or location)		If outside corporate limits	write RURAL and give township)	
1	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)		
	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours this Days Hours Min.	
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired.		11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY!	
13	FATHER'S NAME		14. MOTHER'S MAIDEN M	IAME		
(Ye	WAS DECEASED EVER IN U. S. ARME a, no or maknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	mon -	DDRESS	
ERTIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which ANTECEDENT CAUSE DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LE	DIRECTLY ITH of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING DIE TO OF STATING THE DUE TO DUE TO DUE TO DUE TO DUE TO	ebovereular rioscleratie diovereular	byfoloning	INTERVAL BETWEEN ONSET AND DEATH	
CERT	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED N CAUSING IT.				
AL	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		YES NO	
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)	
4	21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?		
	22. I hereby certify that I at deceased alive on 6.9	, 1952 and that death occur		the causes and on th		
	23A. SIGNATURE	usky M.D.	23B. ADDRESS	Hospilel	6.9.52	
Z/ TI	BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	ERY OR CREMATORY 24D.	LOCATION (City, town.	or county) (State)	



T-	2	52 RTH NO.	5400	BAI	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered N	2 5400
-	1.	NAME OF D	JAMES ROS	ON LEW	IS		2. DATE OF Jun	e 7, 1952
plie	Α.		City, Maryland			4. USUAL RESIDENCE (W A. STATE Marylan	here deceased lived. If	
allly	H	FULL NAME OSPITAL OR ISTITUTION Wyman	US Public H	ealth S	ion, give street address or Service location)		outside corporate limits	, write RURAL and give
ca egibly	C.	2	tay in Baltimore	2	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1218 N. Stricker Street		
l be	5.	SEX M	6.COLOR OR RACE		E, MARRIED. VED DIVORCED (Specify)	8. DATE OF BIRTH 6/25/00		Under I Year II Under 24 Hours nthis Days Hours Min.
n shou	10 work	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
NDING information should s of death clearly a	13	. FATHER'S I	NAME Lewis			14. MOTHER'S MAIDEN NA	ME	
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL 139-18-3981	17. INFORMANT Records- US PHS		alto, Md.
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	ERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	LEADING TO DEAT LEADING TO DEAT not mean the mode o tre, asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA HIGHIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	"H f dying, e. ; ns the diseas aused death ES F ANY, GIVIN STATING TI ST. TIONS COI NOT RELATI	(B)	OF DEATH c glomerulonephrit uremia	dis with	Unknown
H .	CAL	19A, DATE C	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER			YES NO
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RITE PL	24	deceased a	trick, Medica	ended the	deccased from Apr	rred at 2:40P m., from the 23B. ADDRESS US PHS Hospital,	ie causes and on th	6/9/52
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1-37	2
52 BIRTH NO.	5
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a. Baltimore C	ity
B. FULL NAME HOSPITAL OR INSTITUTION	3:
c. Length of st	tay
Female	6.0 W]
10A. USUAL OC	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

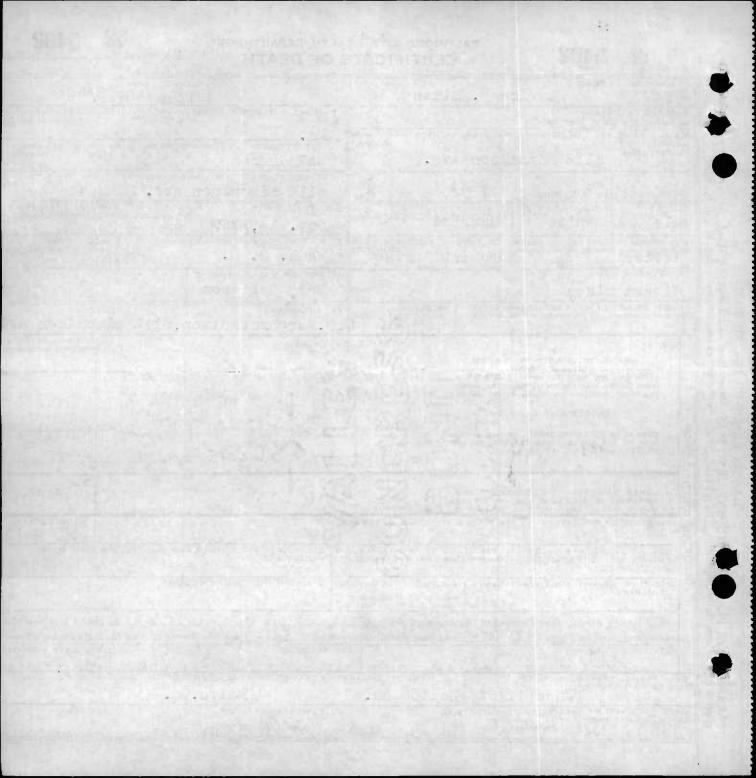
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BI	RTH NO.	() Atjus		LIXIII ICAII	L OI DEAT			
1. (T:	NAME OF D		ne Lutz				DATE OF Tune	9/52
	3. PLACE OF DEATH: A. Baltimore City, Maryland			OFT June 9/52 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission				
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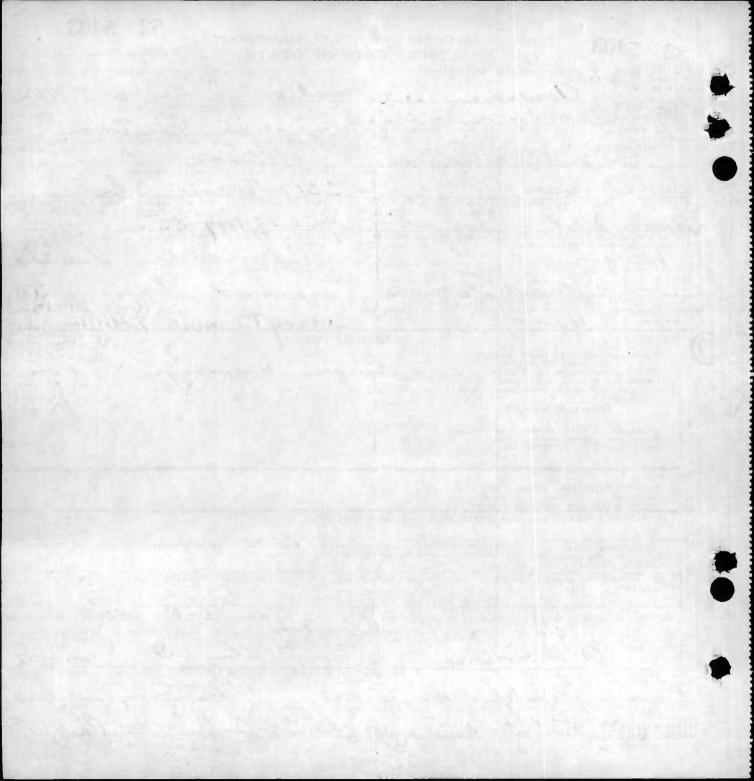
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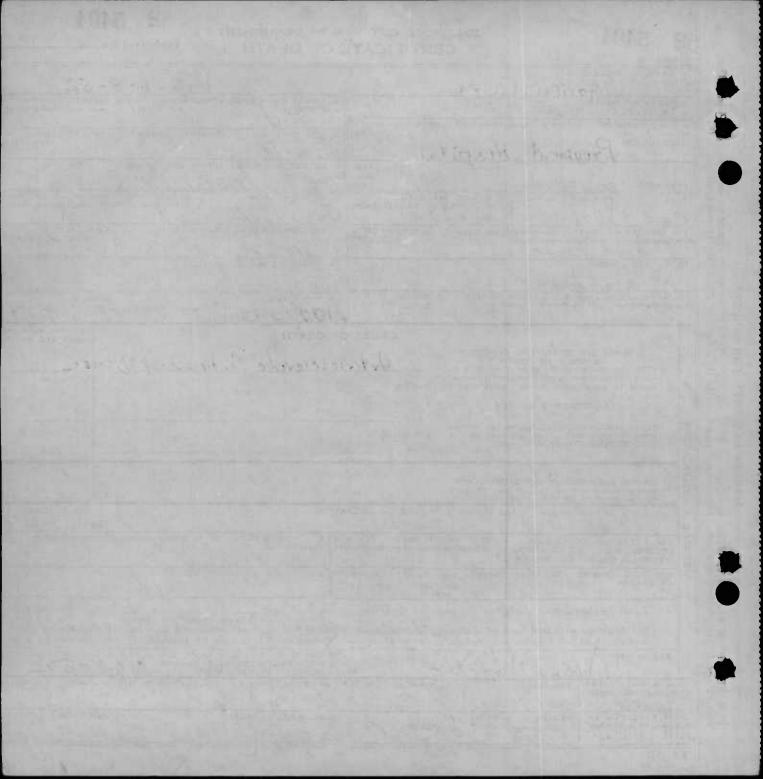


52 5403 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B COUNTY A. Baltimore City, Maryland A STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Louge HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OF INSTITUTION unoug Yrs. ADDRESS (If rural, give legation) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (in years) If Under 1 Year 7. SINGLE, MARRIED 8 DATE OF If Under 24 Hours last birthday) | Months: Days | Hours : Min. should learly an WIDOWED, DIVORCED (Specify) make BIRTHPLACE (State of foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle Herse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO Jo 18. CAUSE OF DEATH y item DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemorchay Cerebral (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) INFADING hysicians: RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 20. AUTOPSY7 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT , 196 2 to 6 - 8 _, 195 that I last saw the 22. I hereby certify that I attended the deceased from 2.1 1952, and that death occurred at 3500 pm., from the eauses and on the date stated above. deceased alive on 6-8 23c. DATE SIGNED 23A. SIGNATURE 23B, ADDRES 6-10-57 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24s. DATE 11302 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



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	22. I certify that I took charge	e of the remains described a	bove, held an	Inspection or Inqu	thereon and from		
	the evidence obtained by so and death in my opinion re	eecased died on	the day stated above.				
	23A. SIGNATURE	M HER	23B. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT	EXAMINER E EXAMINER E OR	68-52		
117	A. BURIAL, CREMA- DN. REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240 1	OCATION Wity, to	own, or county) (State)		
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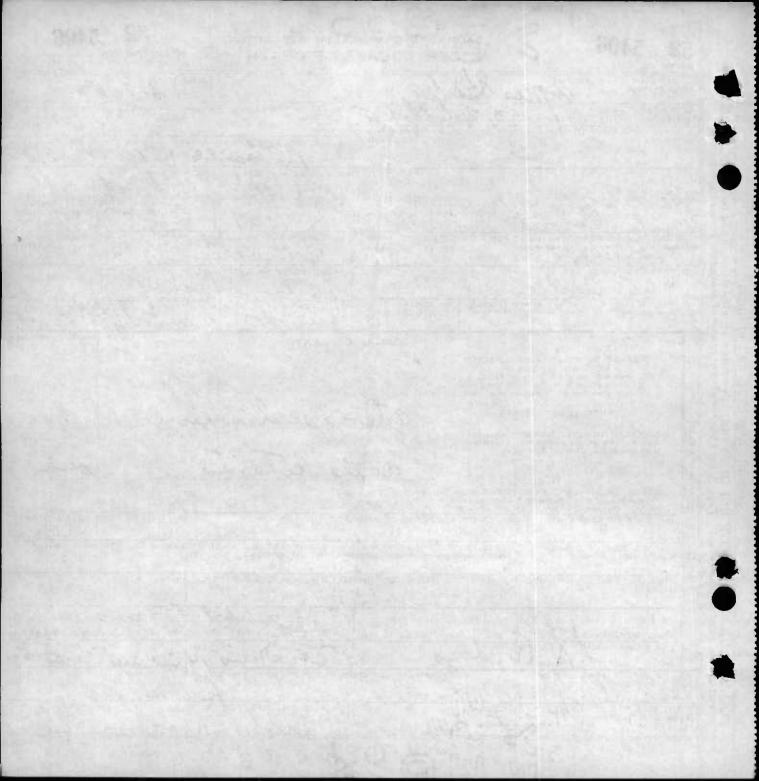
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	22. I certify that I took charge of the remains described a	bove, held an Partial Actors	thereon and from
	the evidence obtained by said Autopsy, Inspection or In and death in my opinion resulted from: natural causes	Autopsy, Inspection or Manuiry nauiry, find that said deceased died on the	day stated above determined □.
	23A. SIGNATURE		DATE SIGNED
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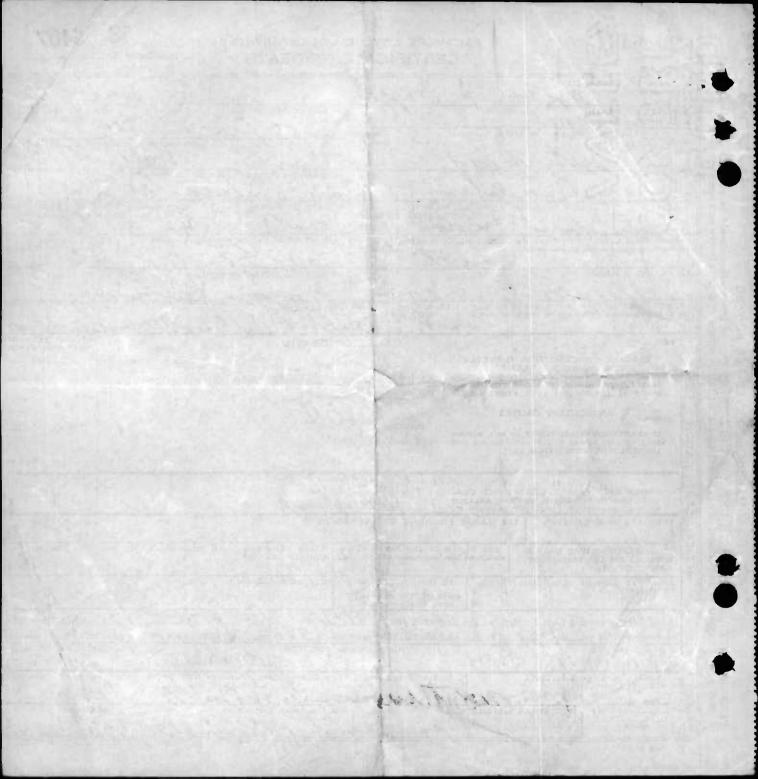
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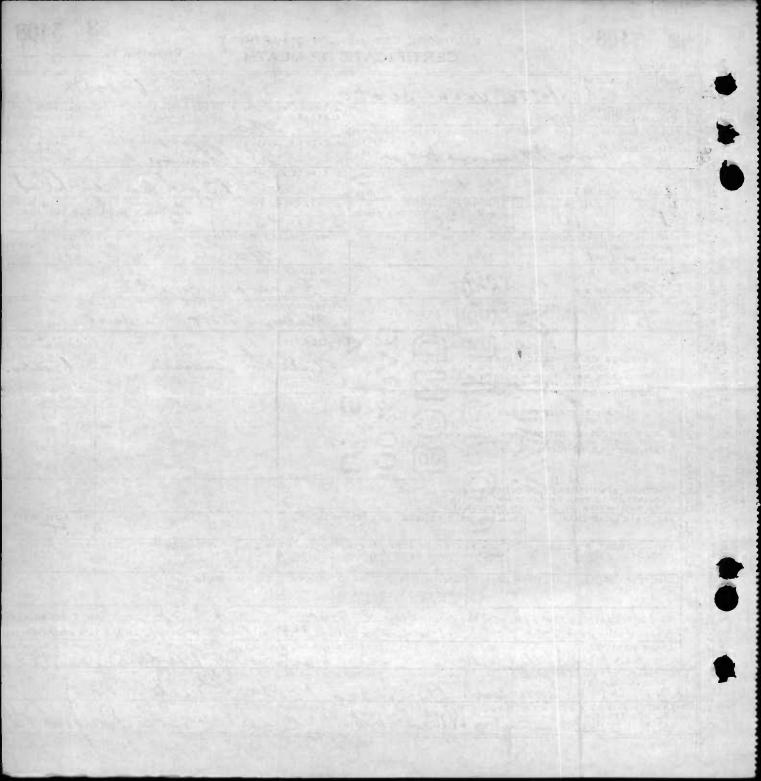
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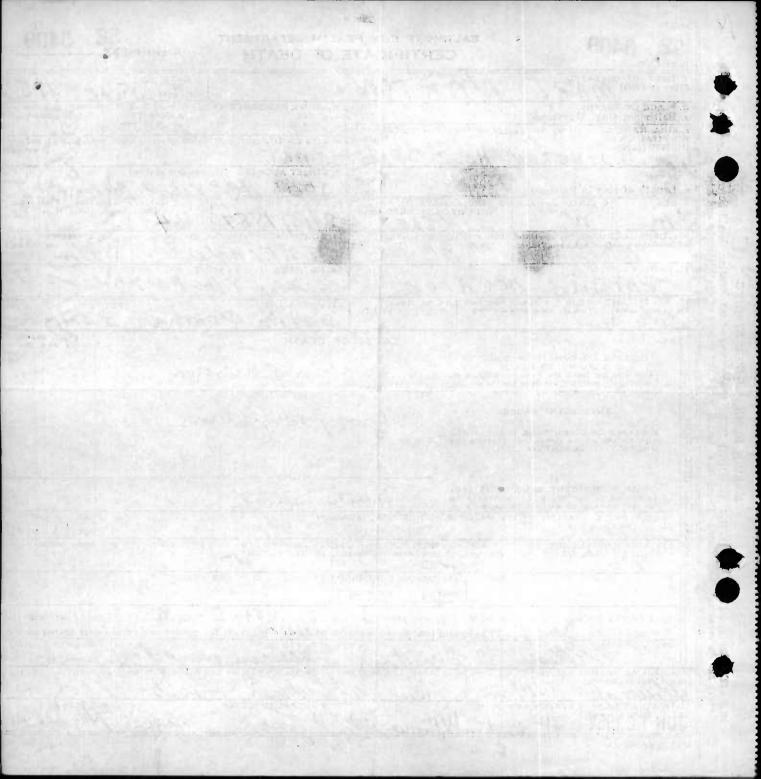


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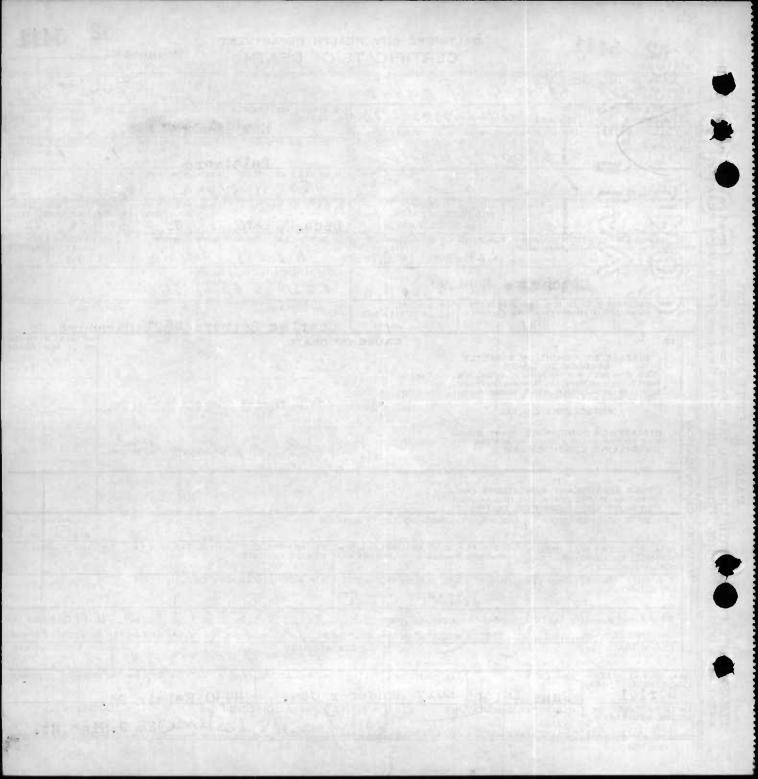


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P	-2	M. D. CALL OF CHARLES AND ATE 24C. NAME OF CEMETI	Chriversetty Hospital	(City, town, or county) (State
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PLI	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE DOCAL REGISTRAR'S Huntington Williaman Mos.	25 FONERAL DIRECTOR	neral Corestone
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Registered No.

	2. DATE OF DEATH	JUN	IE	9,1	95	2
Wh	ere deceased			ion : re before		
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MARYLAN C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE

D. STREET ADDRESS (If rural, give location)

NORTH AUENUE 9. AGE (In years | Il Under 1 Year | Il Under 24 Hours last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH 25.1949

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? - Baltimore MARYLAND U.S.A

14. MOTHER'S MAIDEN NAME

BALTIMORE CITY HEALTH DEPARTMENT

Ægina Weber

ADDRESS MOTHER SAME

ory intection & acute

INTERVAL BETWEEN

ONSET AND DEATH

heart duesse - anomalous ministe very

DO AUTOPS

21c. WHERE DID (If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

. 1952 that I last saw the , 1952 to June 9 deceased alive on June 9. 1952, and that death occurred at 6 Am., from the causes and on the date stated above.

238. ADDRESS 23c. DATE SIGNED une 9

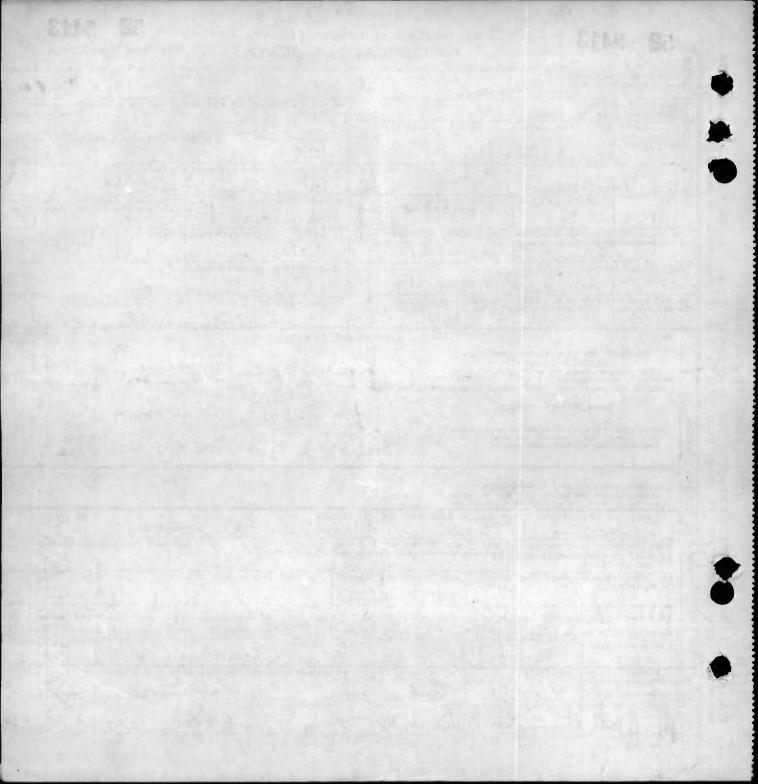
24D. LOCATION (City, town, or county) 4430 Belair Rd. Balto. Md.

25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 2601-3-5 E. Madison St.

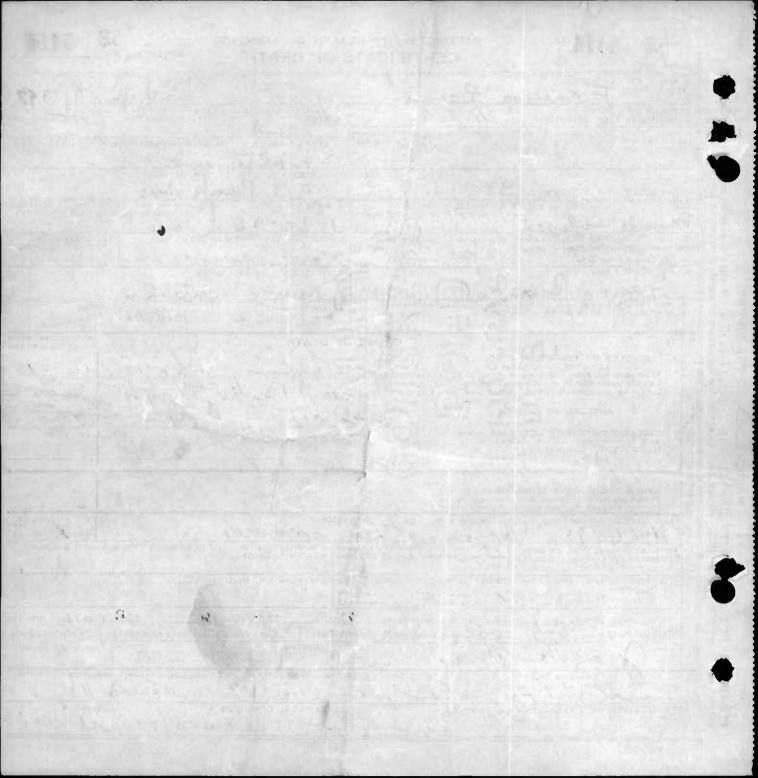
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NUNNALLY 52 5413 5413 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTHANO NAME OF DECEASED 2. DATE (Type or Print) Panl OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or unas HOSPITAL OR location' C. CLTY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION much Home XIIs more Yrs. O. STREET ADDRESS (If rural, give location Mos c. Length of stay in Baltimore Davs ld be 9. AGE (in years | 1 Under 1 Year | 1 Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED.)
WIDOWED, DIVORCED (Specify) should 2 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? le cham information 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Wan d 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS SECURITY NO unknown) NO 01-6020 of CAUSE OF DEATH CB ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-CE TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 2 Poles Concilion a 24-ICA NO 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER ō about home, farm, factory, Atreet, office bldg., etc.) INJURY OCCUR? LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) L21E TNJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT m. WORK RITE PL 5-2 195) that I last saw the 22. I hereby certify that I attended the deceased from. -; 65 m., from the causes and on the date stated above. deceased alive on 6 -9. , 19 72 and that death occurred at 5 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-24C. NAME OF CEMETERY TION, REMOVAL (Specify 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR LOCAL REGISTRA VS 150



200 5414 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or JOHNS HOPKINS HOSPITAL location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR INSTITUTION mare D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months; Days | Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 0 clearly 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ring most of working life, even if retired) IN DUSTRY WHAT COUNTRY alless information 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT/ ADDRESS HOPKINS HOSPITAL SECURITY NO causes INTERVAL BETWEEN 260 X 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY musi DICA 21B. PLACE OF INJURY (e. g., in or about home, ferm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE especia 192 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 6 1952 and that death occurred at_ 70 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED JOHNS HOPKINS HOSPITAL 24A. BURIAL. CREMA-24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



e e		52 5415 CERTIFICAT	EALTH DEPARTMENT E OF DEATH Registered 1	No				
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of information should be call by please write the causes of death clearly and legibly.	1.	NAME OF DECEASED Variety or Print) MINNIE CARROLL	2. date of of death Jun	e 8, 1952				
	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If A. STATE Mary 1. AND 1.					
	H	ospital or location struction 1513 N. Regester Street		ts, write RURAL and give township)				
		Length of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location) 1513 N. Regester Stree	t				
	FE	MALE W WIGOWED, DIVORCED (Specify WIGOW)	Sept. 3, 1889 62	if Under I Year If Under 24 Hours on the Days Hours Min.				
	work	DA. USUAL OCCUPATION (Givekindel) 10B. KIND OF BUSINESS OR INDUSTRY HOUSEWORK at home	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?				
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1513 N. Regesterors							
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	pedemin esolzadartenoclem	345				
		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
H	AL (19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?				
WITH Iportant.	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, otc.) INJURY OCCUR?	give exact location)				
O'II	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY WHILE AT NOT WHILE AT WORK AT WORK						
re PL especia				I that I last saw the he date stated above.				
RITE is esp			23B. ADDRESS	23C. DATE SIGNED				

PLEASE correct age

24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial
DATE RECEIVED BY
LOCAL REGISTRAS

24c. NAME OF CEMETERY OR CREMATORY 24D. LOOATION (City, town, or county)

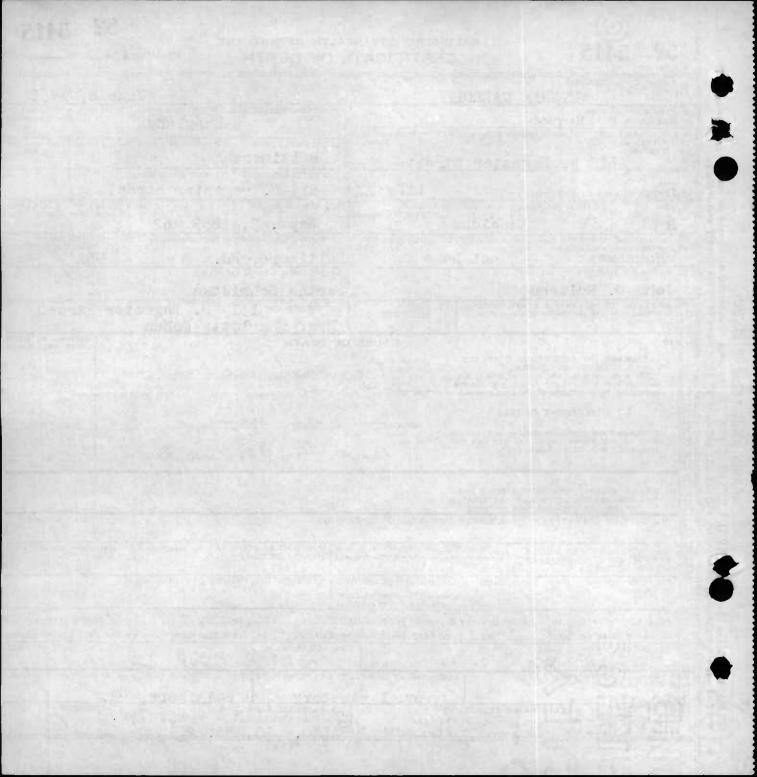
Immanuel Cemetery Baltimore, Md

PRE HENRY SANDER SONS, INC.

Williams, M. BALTO. 13. Md. ADDRESS REGISTRAR'S SIGNATURE Md

VS 150

24B. DATE

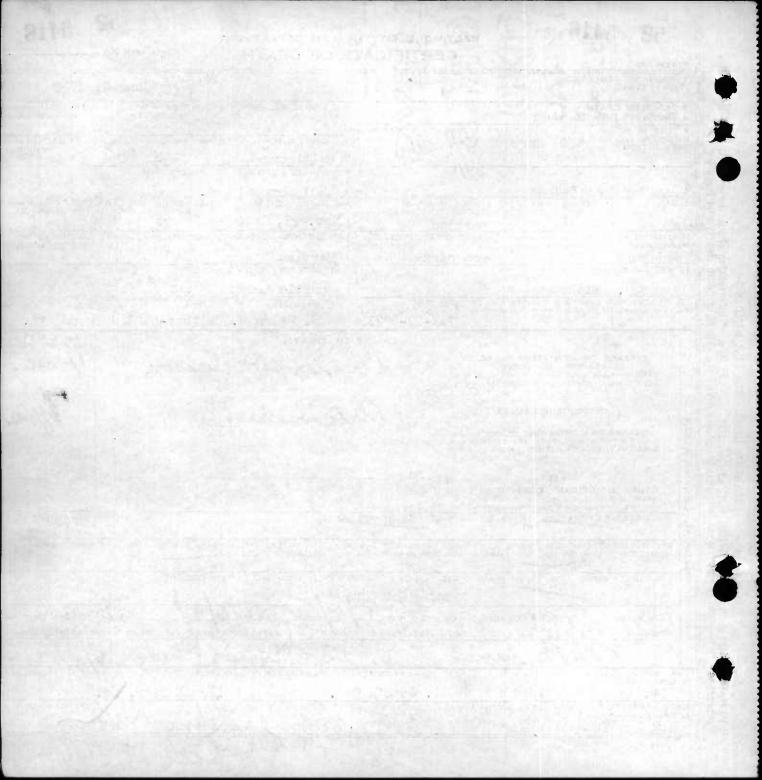


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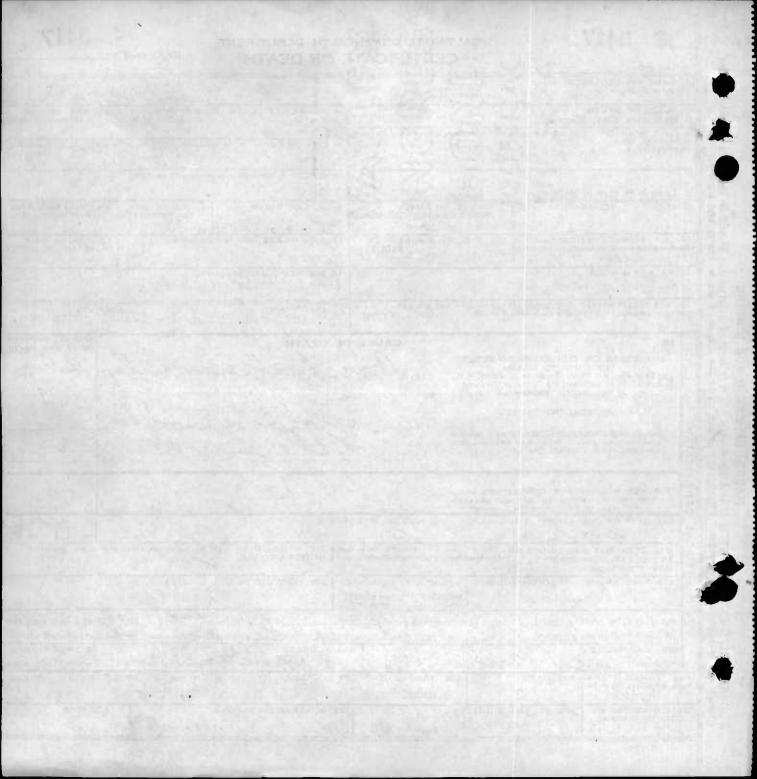
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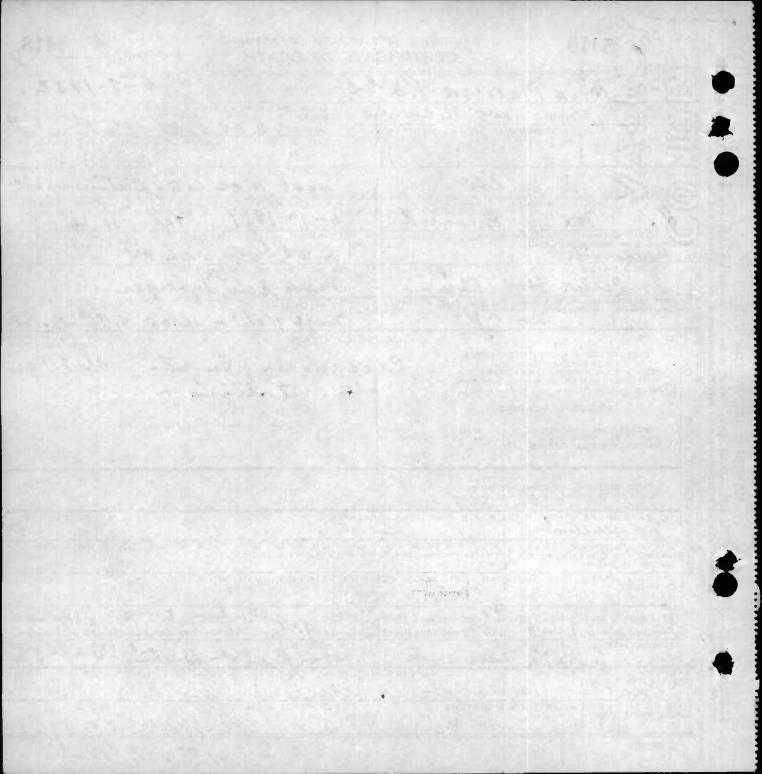
52 5416

BIF		E OF DEATH Registered No.	120			
1. (Ty	NAME OF DECEASED JAMES NORMAN GAÍTHER	2. DATE of June 9, 195	2			
B. F	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of special control of the street address of	Md.	re admission			
	Yrs. Mos.					
	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif.) White married	8. DATE OF BIRTH 9. AGE (In years If Under Year	H Under 24 Hours Hours Min			
prk d	A. USUAL OCCUPATION (Givekiod of donedoring mouth of working life, even if retired) alesman A. USUAL OCCUPATION (Givekiod of donedoring mouth of working life, even if retired) alesman used cars	11. BIRTHPLACE (State or foreign country) 12. CITIZE	EN OF COUNTRY			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15.	Iames H. Gaither Was Deceased ever in U. S. ARMED FORCES? Do or uokoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 213-03-8273	Rosalie Brian 17. INFORMANT ADDRESS Mrs. Helen H. Gaither-4803 Norwood	Ave.			
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ronary Ocelision terioselaroses	no .			
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		***************************************			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. A	UTOPSY7			
MEDICAL	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on the date stated about the deceased alive on the date stated about the deceased form the date stated about the date stated about the deceased form the date stated about the date stated					
24. TIO	A. BURIAL, CREMA- N, REMOVAL (Specify) Burial 6/12/52 St. John's C		(State)			
DA	TE RECEIVED BY REGISTRAR'S SIGNATURE MALL	John Sirector Sources Sources	3			



52 5417 5417 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) June 8, 1952 ELIZABETH HOPWOOD OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Md. HOSPITAL OR location) C. CITY OR TOWN (If outside corperate limits write RURAL and give 1214 Augusta Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. information should be call of death clearly and legil Mos. c. Length of stay in Baltimore 1214 Augusta Ave. Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Sept. 17, 1884 widowed female 10A. USUAL OCCUPATION (Givekindof 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Blackiston James N. Hardesty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Mr. Walter H. Hopwood - 1214 Augusta Ave. SECURITY NO. causes INTERVAL BETWEEN 18. 33 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RTIFICATI UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY nou 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT HOT WHILE 195 that I last saw the 22. I hereby certify that I attended the deceased from esp 9, 10 m. from the causes and on the date stated above. 1952 and that death occurred at deceased alive one MA SIGNATURE 20t. DATE SIGNED 202 244. BURIAL, CREMA-TION, REMOVAL (Specify) 1/24D. LOCATION (City, town, of county) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Toudon Park Cem. Balto., Md. Buria] DATE RECEIVED BY 25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 NEGULT.





VS 150

52 5419

before admission)

II Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

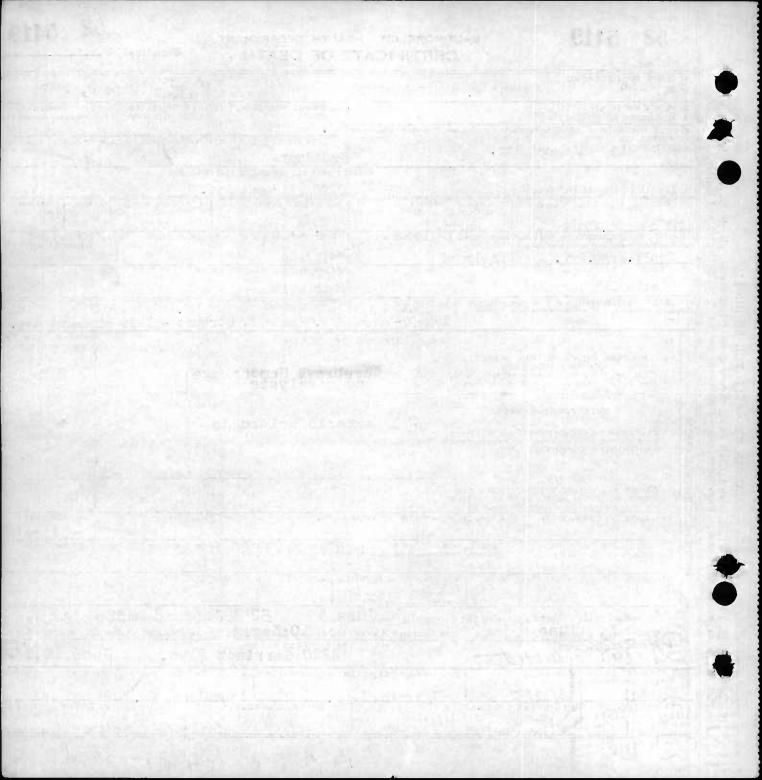
20. AUTOPSY

23c. DATE SIGNED June 10.952

ADDRESS

days

township)



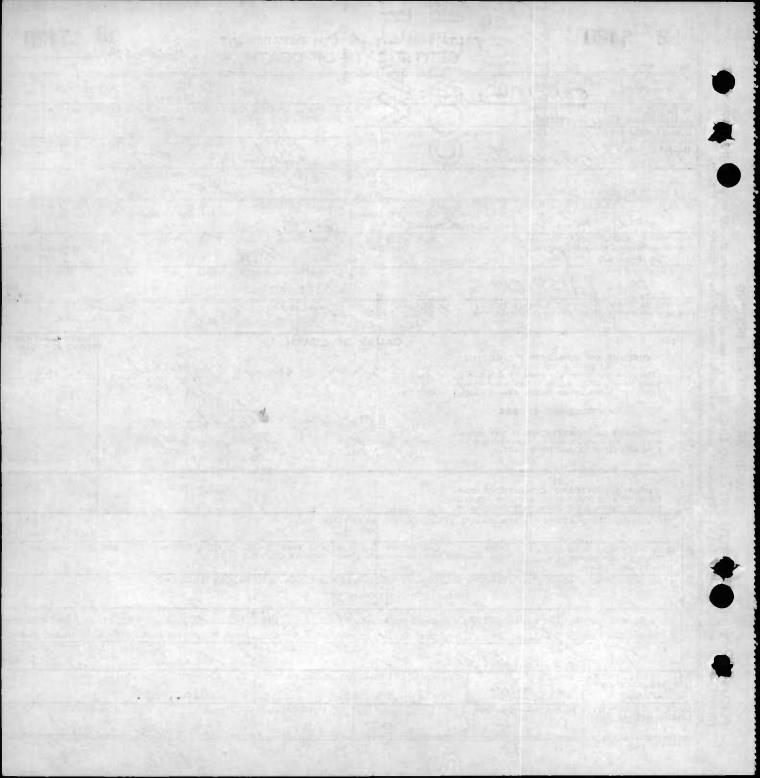
E-3	52 5420
he	BIRTH NO.
Poo	1. NAME OF DECEAS (Type or Print)
pplie	3. PLACE OF DEATH: A. Baltimore City, I
ully .	B. FULL NAME OF HOSPITAL OR INSTITUTION
e e. legibly	c. Length of stay in
and l	Jemale 6.00
shou	101. USUAL OCCUPAT
ion cl	13 FATHER'S NAME

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5420 Registered No.

BIRTH NO.							
Po	1. NAME OF DECEASED (Type or Print) CARRIE-H-ENGEL	2. DATE OF 6-8-52					
illy	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) INSTITUTION Occupants	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Md B. COUNTY before admission)					
elegibly	Yrs. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 5407 GRADIN AVE.					
should be	Female white 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify windowed)	Dec. 18, 1891 60					
tion shoul	10. USUAL OCCUPATION (Givekind of workind of working most of working life even if retired) 10. USUAL OCCUPATION (Givekind of loop, KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME					
information s of death cle	HENRY H. SPIEKER 15. WAS DECEASED/EVER IN U. S. ARMED FORCES? 16. SOCIAL	Amelia Hottes					
of inf	(Yes, no or unknown) (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Marjonie Engel same					
Every item write the cau	CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE (A) CAUSE CAUSE (B)	of DEADH vary occlusion C mysterdial inferction onary thrombosis ?					
DING INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	rioselerotie CV disease?					
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
WITH rtant.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	YES NO P					
Murports	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	,etc.) INJURY OCCUR?					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK						
[TE PI especi	22. I hereby certify that I attended the deceased from deceased alive on 68, 1957, and that death occu	14 1957, to 8, 1957, that I last saw the erred at 7 55 pm., from the eauses and on the date stated above.					
2 2 2 2	23A. SIGNATURE A A SURVAL V CREMA- TION, REMOVAL (Specify) 24B. PATE 24C. NAME OF CEMETE	Greverally 6/8/52					
PLEASI correct	Burial V6/12/52 Loudon Pa	ark Balto., Md.					
PL	496AL REGISTICAR Hottington Williams M.P.	Wyn. Liolener & Sons					
	VS 150						



5421

Mr. Thomas A. Yockel

1. NAME OF DECEASED (Type or Print)

A. Baltimore City, Maryland

3. PLACE OF DEATH:

52

BIRTH NO.

WITH ortant.	
and the	
E Pr	

HC	SPITAL OR STITUTION		rs Hospital		f outside corporate lim	its, write RURAL and giv		
c.	Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 2588 Edmondson	,	6-05		
	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years Under Year last birthday) Months; Days H				
10	male	white CUPATION (Give kind of	married 108. KIND OF BUSINESS OR	Dec. 23, 1889	62			
work	labore:	of working life, even if retired)	INDUSTRY	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTR		
13	FATHER'S		gen.	14. MOTHER'S MAIDEN N	AME			
	Alexand	der Yockel		Rachel Humpert				
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARMET (If yes, give war or date	of service) 16. SOCIAL SECURITY NO. 212-22-3012	17. INFORMANT Mrs. Jessie M. Y		ADDRESS dmondson Ave.		
TION	(This does heart failu injury or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING						
CERTIFICAT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.							
MEDICAL	21A. ACCID	ENT WAS UNDER.	9B. MAJOR FINDINGS OF OPER QY(IND W.Q SP/PHI 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e	o or 21c. WHERE DID (If In Baltimore City,	YES NO give exact location)		
2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?			
	22. I hereby certify that I attended the deceased from 6/7/, 1957, to 6/9/, 182, that I last saw deceased alive on 6/9/, 1952, and that death occurred at 10 pm., from the causes and on the date stated ab							
24	23A. SIGNA	Johnot	les M.D.	Bon Sacour	altoryo	23c. DATE SIGNE		
TIO	Burial	6/12/5		n. Cem. Ba	lto., Md.			
LC	TE RECEIVE CAL REGIST	RAR REGISTRAR	ston Williams Motor	25 FUNERAL DIRECTOR	clever 4.	ADDRESS		
Jt	VS 150	75	97099	5 4 Bai	eto. 170	md.		

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A. STATE

52

Registered No.

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

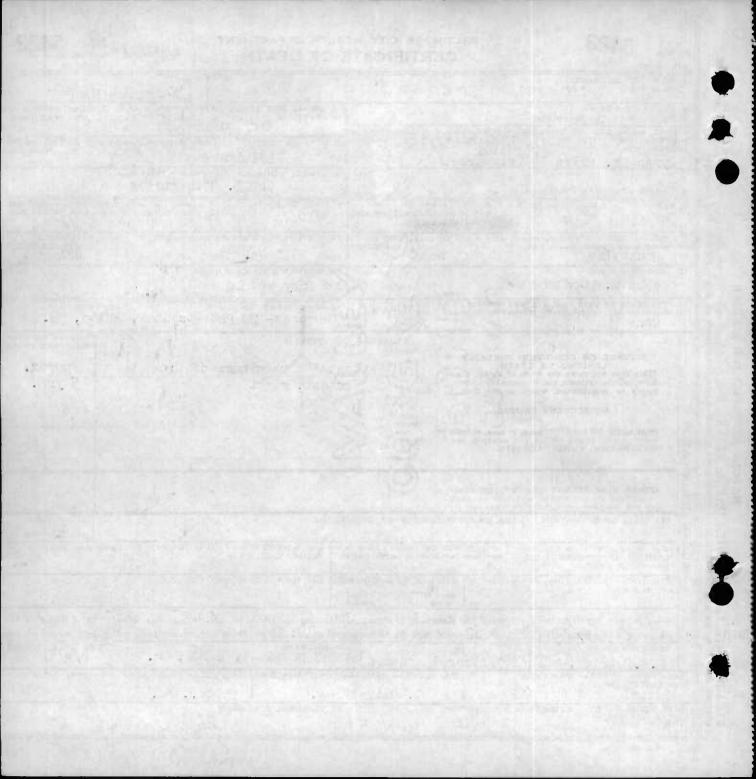
B. COUNTY

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before admission)

Charact Tures trial Charmeting Halas malare, sol There and frommer Whitehale ALVOYANIA TO THE CONTRACTOR 617 6 to commence salain story e calore

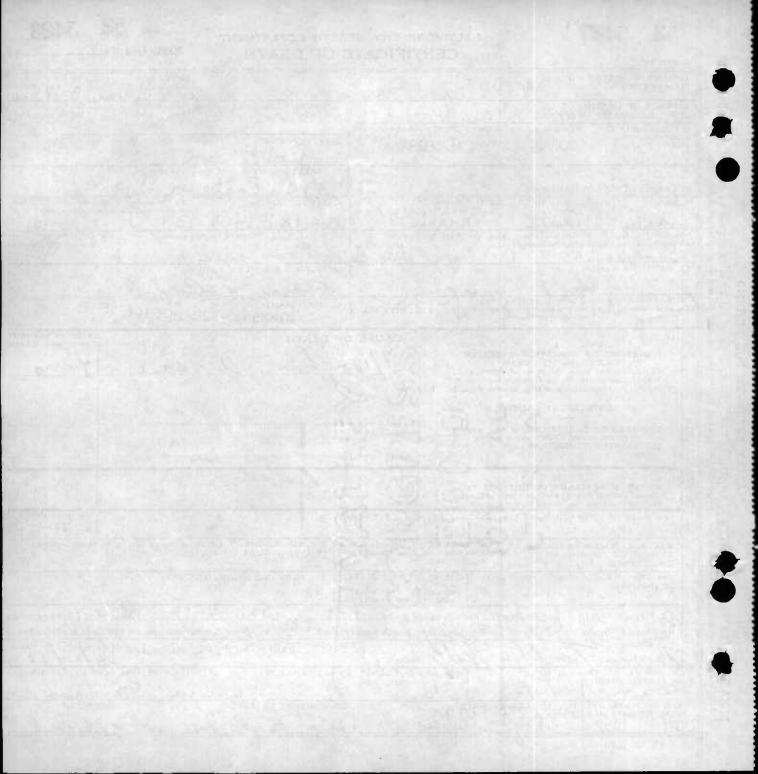
he A	157 7000	HEALTH DEPARTMENT TE OF DEATH Registered No.	2 5422	
	I. NAME OF DECEASED (Type or Print) DAISY WOODLAND PICKETT	2. DATE OF DEATH JUNE	8, 1952	
plied	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY		
Illy	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR US Public Health Service location INSTITUTION HOSPITAL Wyman Pk. Prive & 31st Street	01	write RURAL and give township)	
should be carry and legibly	c. Length of stay in Baltimore	5/12 E. 38th street		
	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Special Control of Contro	8. DATE OF BIRTH 9. AGE (In years) HU	nder 1 Year It Under 24 Hours the Days Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home		2. CITIZEN OF WHAT COUNTRY!	
ati	13. FATHER'S NAME John W. Woodland	14. MOTHER'S MAIDEN NAME Lucy Teagle	14. MOTHER'S MAIDEN NAME	
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. None	17. INFORMANT Records- US PHS Hospital, Balto, Md.		
FOR y item	DISEASE OR CONDITION DIRECTLY	tastatic carcinoma of the breast, right	Approx	
GIN RESERVED JING INK. Ever ans: please write	Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)			
MARGIN F UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
ы.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP		20. AUTOPSY?	
Poor	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bld CAUSE OF DEATH	g.,etc.) INJURY OCCUR?	ve exact location)	
A MI	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY m. WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK	LE L		
ATTE PL		curred at 10:30Am., from the causes and on the	that I last saw the date stated above. 23c DATE SIGNED 6/9/52	
50	D.W.Patrick Medical Officer in Charge 24a. Burial, CREMA- TION, REMOVAL (Specify) Burial 6/11/52 Mt. Olive	JS FHS Hospital, Balto, Md. TERY OR CREMATORY 24D. LOCATION (City, town, or town). Balto, Md.		
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JUN 1959 H + + + + + + + + + + + + + + + + + +	25. FUNERAL PIRECTOR	ADDRESS JOUS	
	VS 150	Ballo, 17,1	md.	



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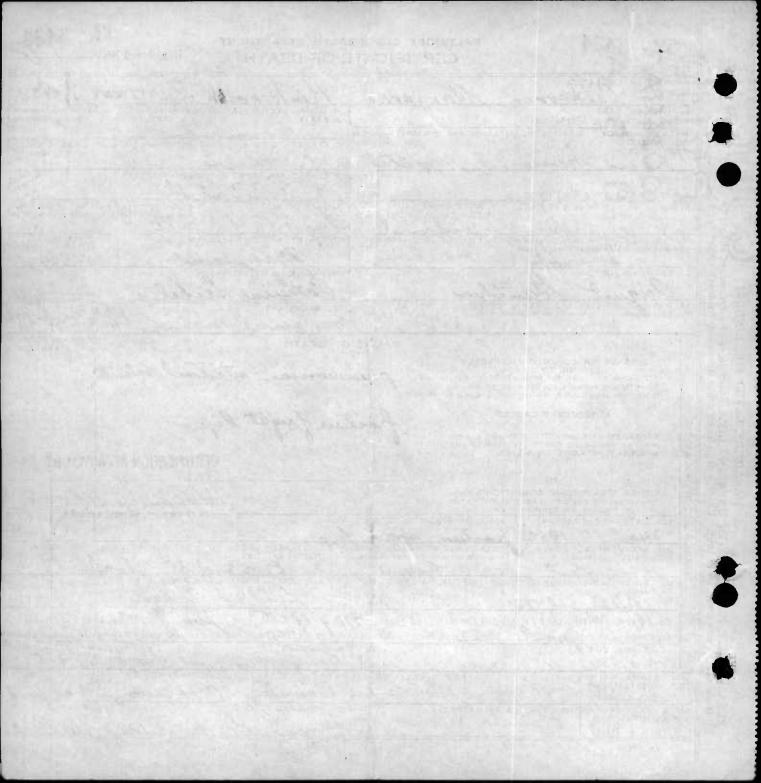
(If rural, give location) 9. AGE (In years | If Under 1 Year | Il Under 24 Hours | Inst birthday) Months Days | Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1952 that I last saw the An., from the causes and on the date stated above. 238. ADDRESS HOPKINS HOSPITAL 23c. DATE SIGNED ADDRESS

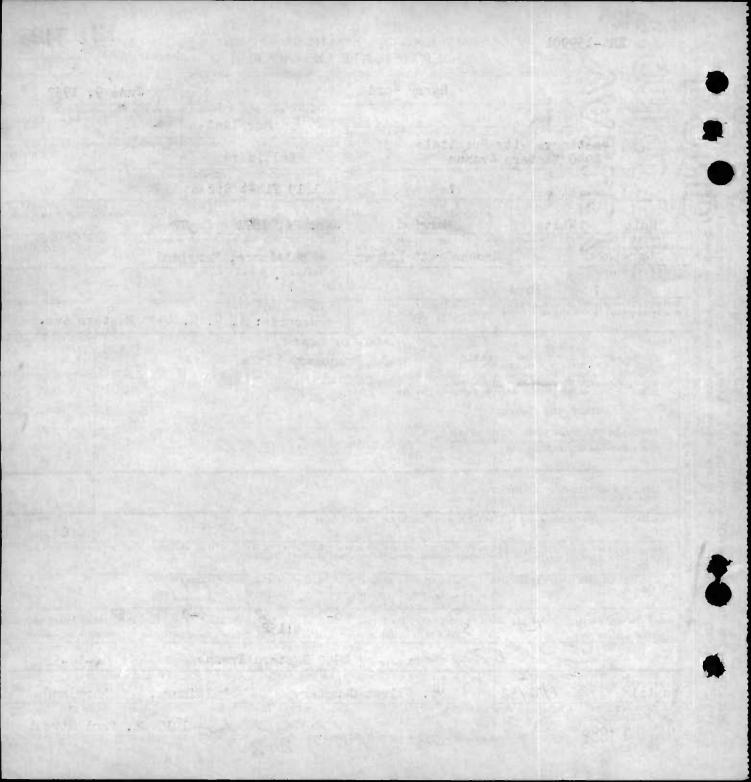
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he	BI	52 542 RTH NO.	24			E OF DEATH		tered No	5424
· Co	1. (T:	NAME OF DEC	therine	M	largaret	Hinterne	2. DATE OF DEATH	June	9,1952
pli	В.	PLACE OF DEAT Baltimore City FULL NAME OF	, Maryland	al or instituti	on, give street address o		B. COU		ion: residence before admission)
Ally y.	IN	STITUTION	memor	ial !	Homital	Bally	ine	12-C	RURAL and give township)
e ca legibl	-	Length of stay			Yrs. Mos. Days	D. STREET ADDRESS	3 rd St		
should be		F	COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify	aug 11, 186	1 90	day) Months D	ays Hours Min.
on she	10 work	A. USUAL OCCU	PATION (Give kind of rking life, even if retired)	10B. KIND	of Business or Industri		e or foreign country		HAT COUNTRY?
NDING information should s of death clearly a	13	Augus	& Gun	ther		Catherine	Seihel.		
BINDING of inform	15 (Yes	, no or use nown)	VER IN U.S. ARMEI If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	mo Jenne	Duplair	ADDRES 2770	Tark are
R m		18. E 9 03	OR CONDITION	DIRECTIV	CAUSE	OF DEATH			TERVAL BETYEEN
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MA UNF Physi	CER	TRIBUTING TO	THE DEATH, BUT ASE OR CONDITION	NOT RELATE	D	RATION	WILLIAM ASS	THEOLOGICAL EXAL	M. D.
WITH ortant.	MEDICAL	may /	9. 1952 SUICIDE.	fracter 218. PLA	CE OF INJURY (c. g.,	hip	(If in Baltimor		ES NO
impor		acce	Specify) nth) (Day) (Year)		arm, factory, street, office bldg	3 83	3 of St.	Sall feel	18 12/2 William
ialiy		of INJURY	48,195	<u>د</u> m. ا	WHILE AT NOT WHILE WORK AT WORK	110 52	it home	2	1.07.000
RITE PL		deceased alive	on give 9		deceased from 2		on the causes a	nd on the dat	t I last saw the e stated above. DATE SIGNED
50	2.	4A. BURIAL, CRE	in 1/71	rau	M. D.	Union Men	4D. LOCATION (C)	20/12/4	-9-51
PLEASE correct ag	_	ATE RECEIVED E	1 4/11	5 2 SIGNATU	Lorrain	25. FUNERAL DIRECT	Nortla	un, >	haly and
PI	L	OCAL REGISTRA IUN 1 1 195		yton 1	Villaus, My	Jam. Gor	f. Inc.	12/7/	b. Paul
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If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY

20. AUTOPSY?

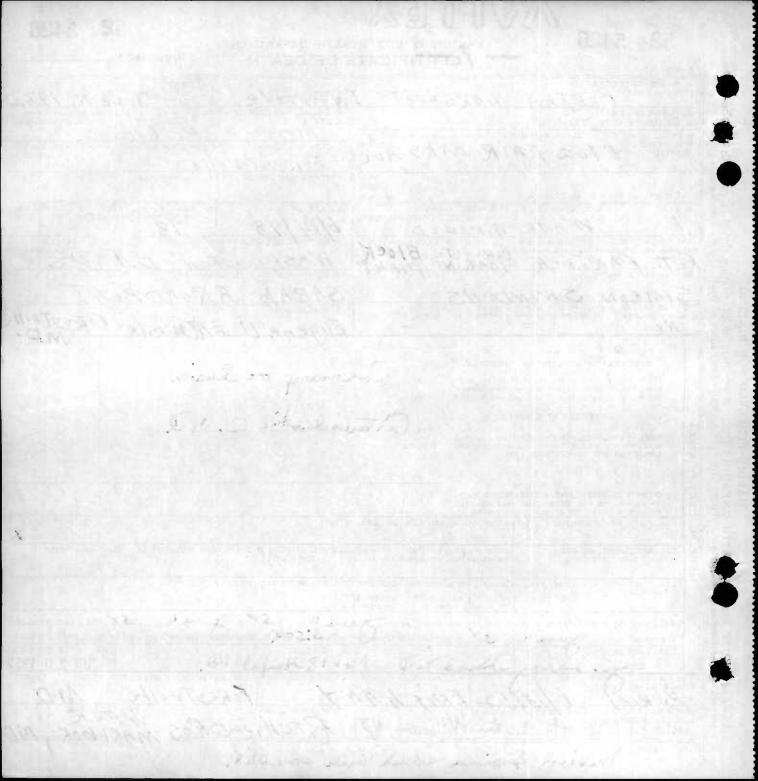
23c. DATE SIGNED

YES

before admission)

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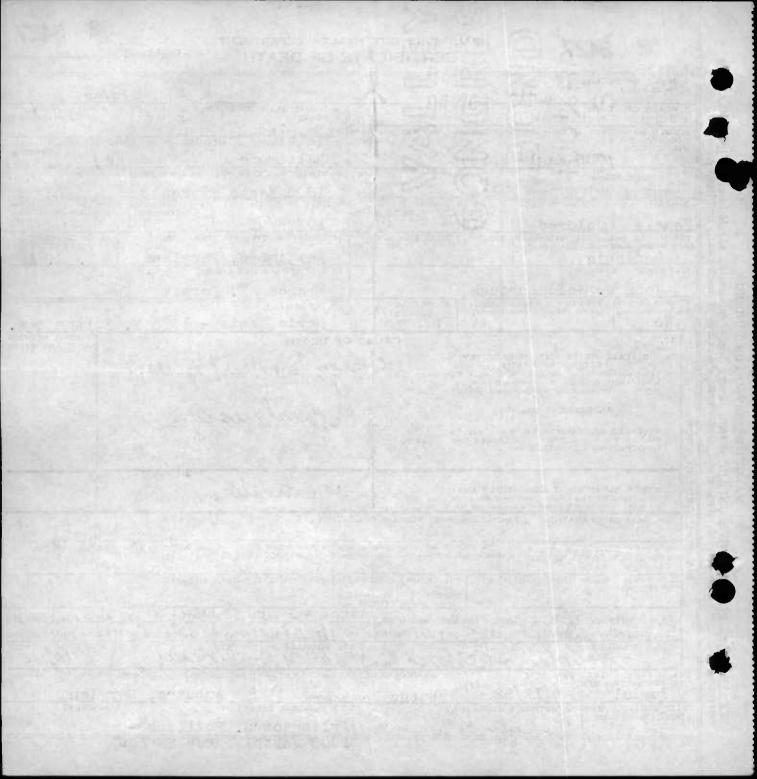
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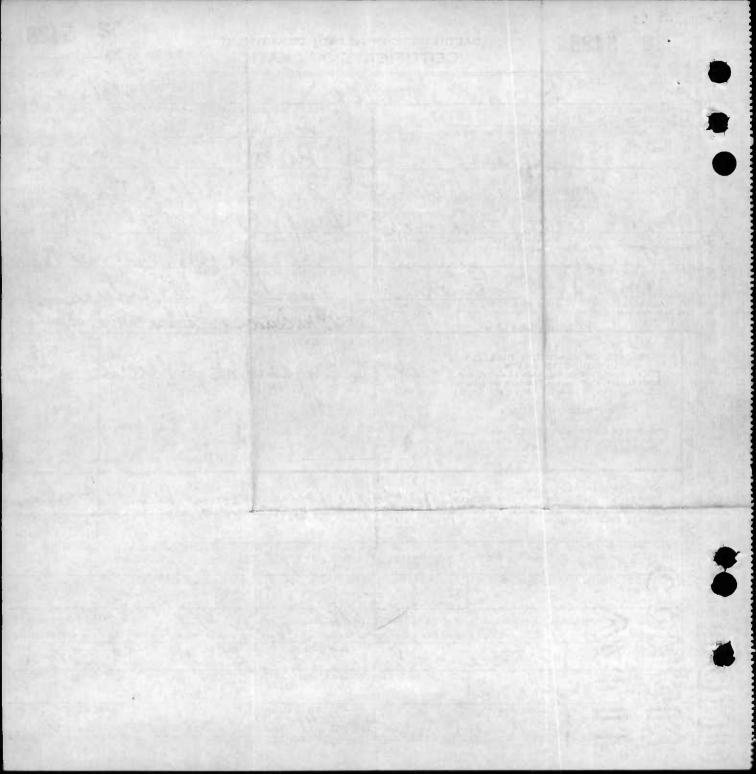


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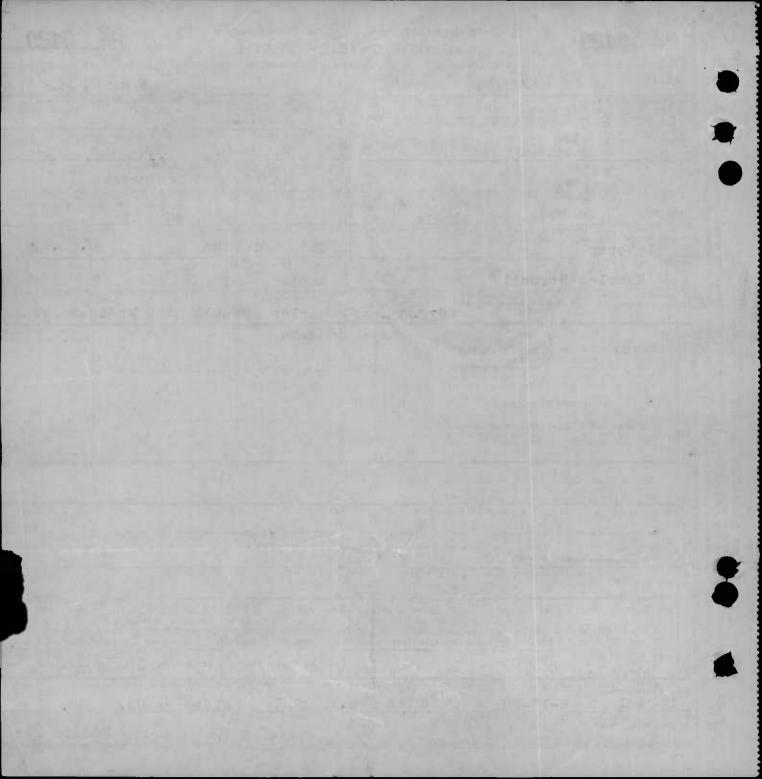
BIRTH NO.	TE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) Addie Camper	2. DATE OF C /0/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residue) A. STATE B. COUNTY before a	idence idmission
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR	Maryland	
1805 Eagle Street	Baltimore 19-04	township
c. Length of stay in Baltimore Life Yrs. Mos. Days		
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years Under Year Under Year Y	lader 24 Hours urs Min
Female Colored Widow 10A. USUAL OCCUPATION (Give kind of work dooe during most of work log life, even if retired) NDUSTR	10/26/92 59 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	
Domestic 13. FATHER'S NAME	Baltimore, Maryland U. S.	A
John W. Goldsborough	Frances E. Dorsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
	Marie Lewis - 1323 N. Fulton OF DEATH	
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Augustension?	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	iver trating	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION J 20. AUT	OPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		tion)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURPOF INJURY		
m. WHILE AT NOT WHILE		
deceased alive on 1915, 192 and that death occur		
Douglas chepperd M.D.	4044 Fulloymy 230. DATE:	
24A. BURIAL, CREMA 24B. DATE / AC. NAME OF CEMET		(State)
	metery Arbutus, Maryland	
Burial /6/12/52 Arbutus Cen	25. FUNERAL DIRECTOR ADDRESS	-10
Burial (6/12/52 Arbutus Cen		

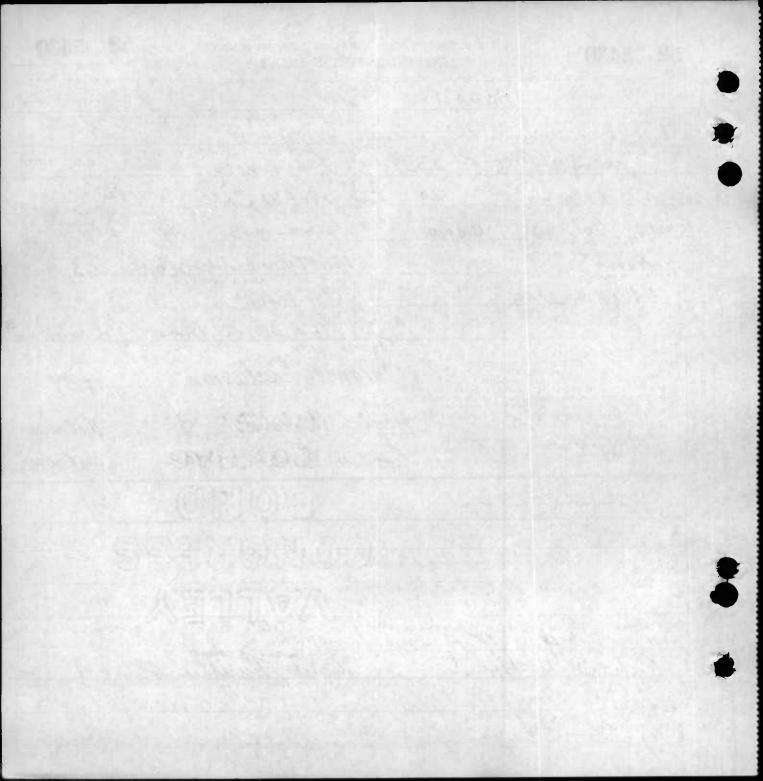




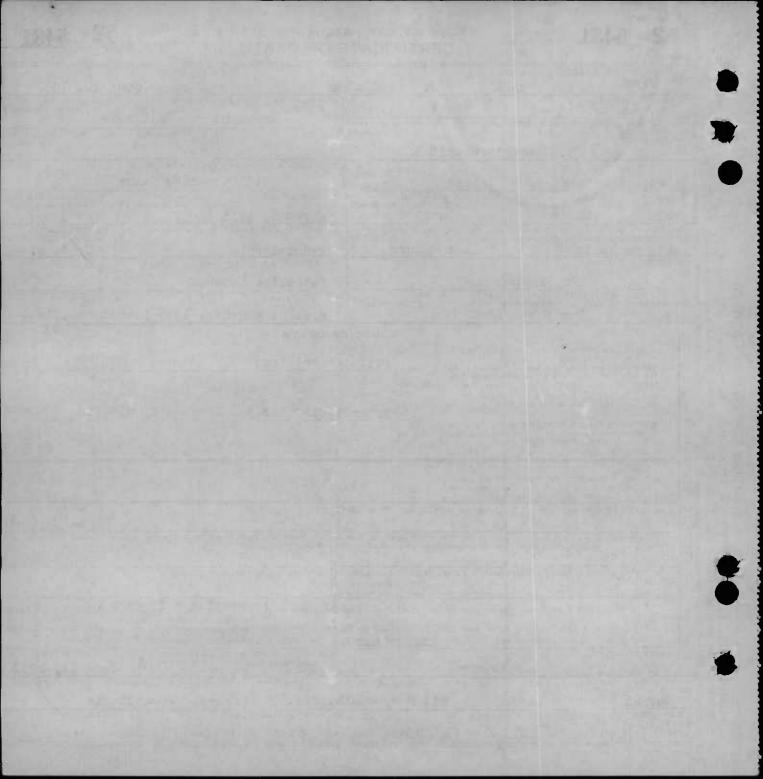
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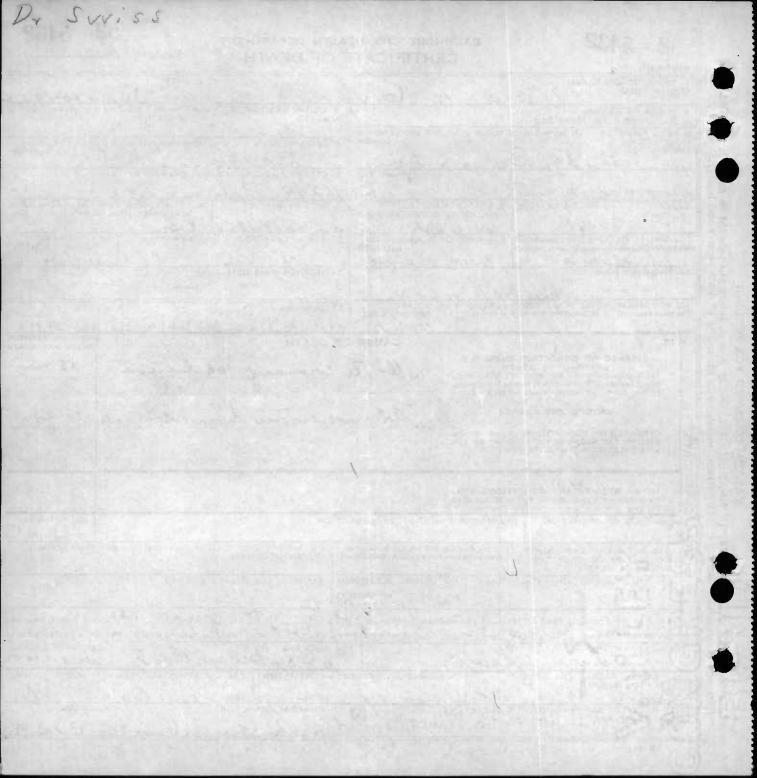
52 5429 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered N	5429
1. NAME OF DECEASED (Type or Print) WII	LLIAM SPRUELL		2. DATE OF DEATH June	7, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W		nstitution : residence before admission	
B. FULL NAME OF ('f not in hospital HOSPITAL OR	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
Provident	Baltimore 6-02 township			
Yrs. Mos. c. Length of stay in Baltimore Days		D. STREET ADDRESS (If rural, give location) 1109 N. Stricker Street		
5. SEX 6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mor	Under 1 Year If Under 24 Hours Mir
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or for North Carolina	eign country)	12. CITIZEN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Charles Spruell	Annie ?			
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	forces? of service) 16. SOCIAL SECURITY NO. 218-03-825	17. INFORMANT Charles Struel		ison Ave.
injury or complication which ca ANTECEDENT CAUSE ANTECEDENT CAUSE OF CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	ANY, GIVING STATING THE DUE TO ST. (C)			
U 19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
YES NO 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) NO (If in Baltimore City, give exact location) INJURY OCCUR?				
Z 21D. TIME (Month) (Day) (Year) (OF INJURY	Hour) 2 1E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR?	
	ge of the remains described a said Autopsy, Inspection or In resulted from: natural causes	Autopsy, In		
23A. SIGNATURE	*/	23B. CHIEF MEDICAL E. ASSISTANT MEDICAL E. D. MEDICAL INVESTIGATO	XAMINER 230	. DATE SIGNED
24A. BURIAL. CREMA- TION, REMOVAL (Specify) DUTIAL 6-13-52 DATE RECEIVED BY LOCAL REGISTRAR'S LOCAL REGISTRAR	Arbutus Mem	RY OR CREMATORY 24D. LO	tmore Co.	
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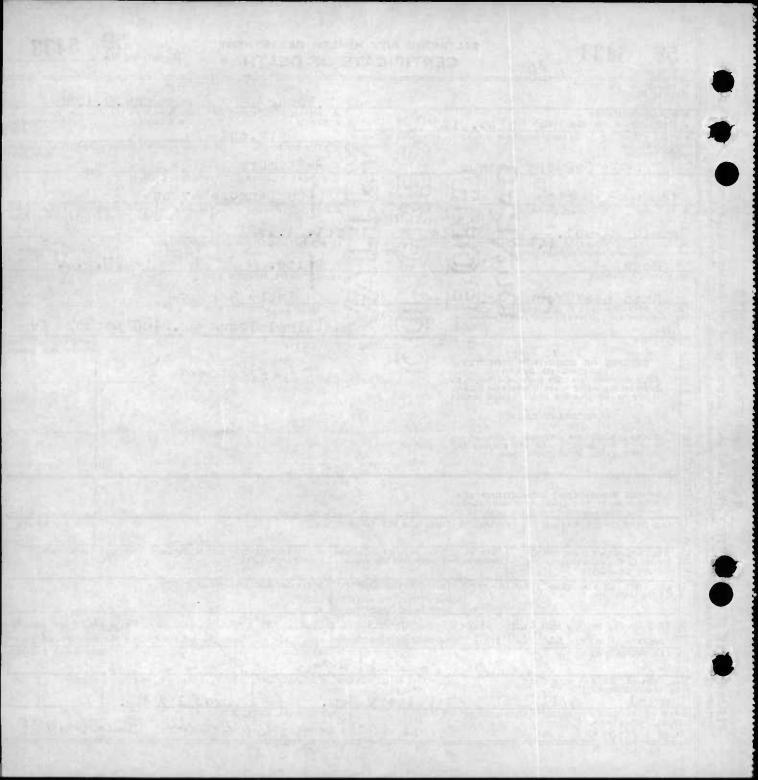




BALTIMORE CITY HEALTH DEPARTMENT Registered 1 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF ANDREW MUNCHAK June 10, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE Baltimore before admission) Marvland 'f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN St. Joseph's Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. Stansbury Manor c. Length of stay in Baltimore vear Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years | Months: Days | Hours: Min. 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) Married Male White should March 6, 1915 10A. USUAL OCCUPATION (Glvekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) clearly 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Auto mechanic Fulker Motors U.S. Pennsylvania A. information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME USED CARSIA John Munchak Catherine Leschak BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. A. Munchak. 1315 Second Rd., Stans-World War II Every item of i INTERVALLET WEEN 60 X CAUSE OF DEATH ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Diabetes mellitus (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. RESERVED injury or complication which caused death.) **MARK** ANTECEDENT CAUSES Arteriosclerotic cardiovascular disease INK. ZO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO X WITH 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AITE PL. is especial 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses A, accident , suicide , homicide , undetermined . 23A, SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER June 11 MEDICAL INVESTIGATOR PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248/DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial 6/14/52 St. Marys Cath. Cem. Pennsylvania Ramev DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Tre 141 S 151







9		434	ВА		EALTH DEPARTM		52 ered No	5434
	NAME OF D Type or Print)	ECEASED JOSE	PH JOI	en owens		2. DATE OF DEATH	June 9, 1	1952
A.	PLACE OF D Baltimore (City, Maryland	al or institu	tion, give street address o	A. STATE	ICE (Where deceased I	ived. If institut	
H	OSPITAL OR (Crown Cork & 1200 Newk	Seal Co	o.Dispensaryion	c. CITY OR TOWN Baltimore	(If outside corpora	te limits, write	RURAL and give
l legib.	Length of s	tay in Baltimore	52 y		345 Elrino			
y an	Male	White CUPATION (Givekind of	Mari	E. MARRIED, VED, DIVORCED (Specify ried D OF BUSINESS OR	8. DATE OF BIRTH July 4, 1897 11. BIRTHPLACE (Sta	54	ay) Months D	Pays Hours Min.
tion sh	k done during most o	of working life, even if retired) Inspector		Government				HAT COUNTRY
information of death cle	5. WAS DECEASE	John Owens	EODCES?	16. SOCIAL	Gertrude	Zajdzynska		
of info	No	(If yes, give war nr dates	of service)	215 01 0959	Mrs. Alice O	wens, 345 Eli		
please write the car	(This does heart failu injury or	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It meat complication which c ANTECEDENT CAUS	TH f dying, e. ns the diseas aused deat	DUE TO	Myocardial		1	1 Hr.
NFADING hysicians: ERTIFICA	OTHER S	S OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LA' 'ING CONDITION LA' 'I GNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	STATING T ST. TIONS CO NOT RELAT	(C)		Disease		3 Yrs.
WITH U rtant. Pl				FINDINGS OF OPE	RATION			O. AUTOPSY?
irporta MEDIC	LYING OF		about home,	ACE OF INJURY (e. g., furm, factory, street, office bldg.	,etc.) INJURY OCCUR	7	City, give ext	act location)
O a	OF INJURY	(Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE AT WORK			-50	
SITE PL	22. I hereby deceased all 23A. SIGNAT	w certify that I att		and that death occu	238. ADDRESS	rom the causes an	d on the date	DATE SIGNED
	4A. BURIAL. CON, REMOVAL (S	CREMA- 24B. DATE 6/13/5	52	M. D. 24C. NAME OF CEMETI Holy Redeemer		24D. LOCATION (Cit	y, town, or cour	
	ATE RECEIVED OCAL REGIST		signati		25. FUNERAL DIREC		ADDF	RESS
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1. NAME OF DECEASED (Type or Print)

VELMA

COLEMAN

TYLOR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No.—

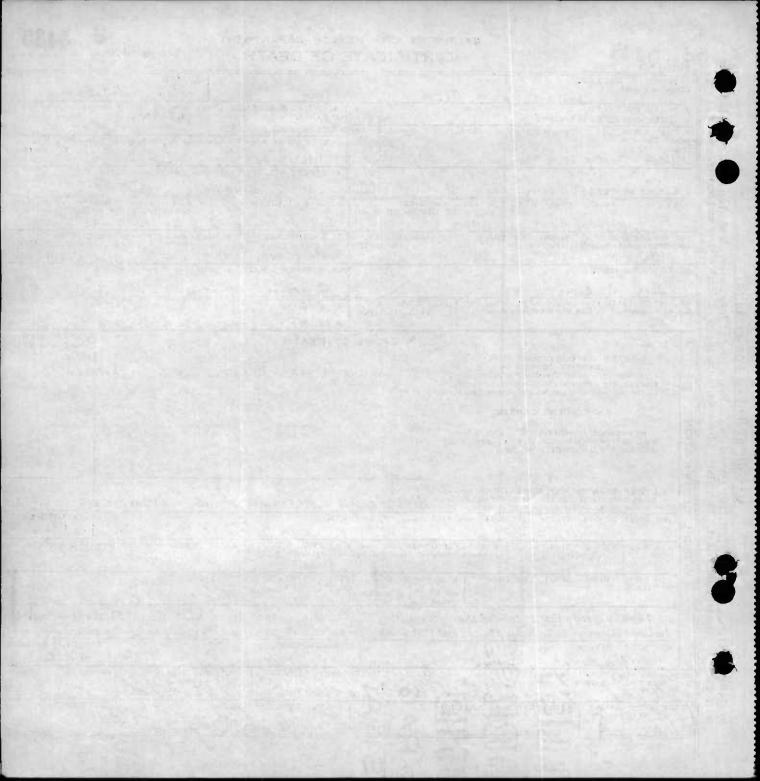
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2. DATE OF DEATH 5435

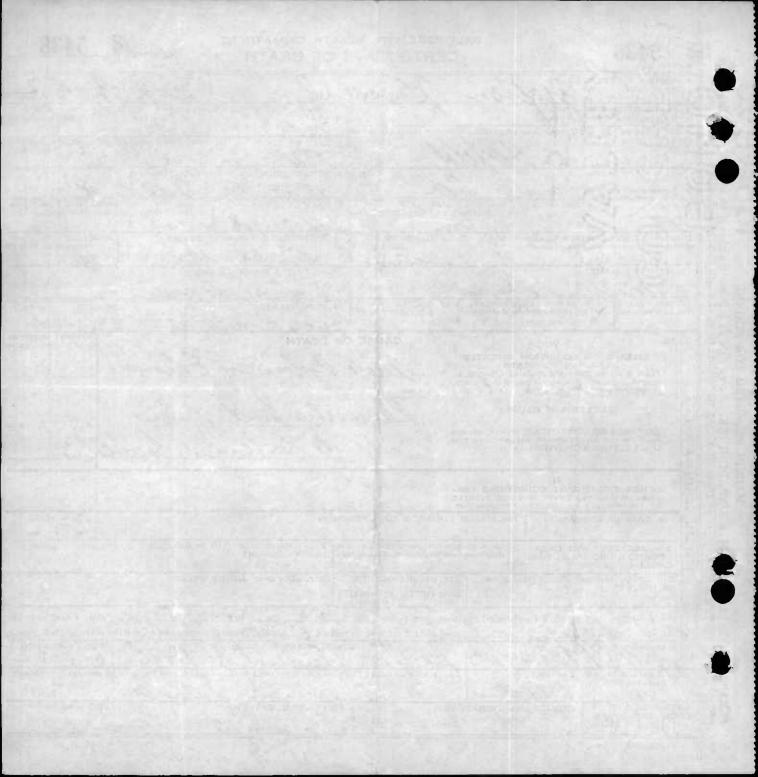
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MARGIN RESERVED FOR BINDING	NFADING INK. Every item of information should be can hysicians: please write the causes of death clearly and legibly.
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PLEASE TITE PL. II WITH UNFADING INK. Every item of correct age is especially important. Physicians: please write the causes

3. A.	Baltimore C	City, Maryland			A. STATE	B. COUNTY	before admission)	
В.	FULL NAME	OF (If not in hospit	al or instituti	on, give street address or	MARYLAND			
	SPITAL OR			location)	c. CITY OR TOWN (I	outside copporate linits,		
		EMORIAL HOSP	ITAL		BALTIMORE	6	township)	
E	\$4.5°			Yrs.	D. STREET ADDRESS (If	rural, give location)		
0	Length of st	tay in Baltimore		66 Mos.	620 BENNINGH	HAUS ROAD		
111	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIRTH		Index 1 Year Il Under 24 Hours	
	F	W	WIDOW	ED, DIVORCED (Specify)	JULY 31, 1885	last birthday) Mon	ths Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
1	HOUSEW			INDUSTRI	MARYLAND		U. 5. A.	
13	FATHER'S N				14. MOTHER'S MAIDEN N	AME	0,0,7,	
	7	7			7			
15		COLEMAN D EVER IN U. S. ARMED	FORGES	16. SOCIAL		TTON		
(Ye	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT	AD	DRESS	
	No	250		nous	MRS. HELEN LEYH	234 N. CHESTE	R ST. BALTO.	
	18. 17A	~		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION	DIRECTIV				ONSET AND OFATH	
		LEADING TO DEA	TH	CARRIAN	OMA OF BREAST	- Mrma	- Tasses	
	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the diseas		KILIAOF		1 43 6 5	
	injury or	complication which	eaused death	.) DUE TO				
		ANTECEDENT CAUS	SES					
Z				(B)	***************************************	***************************************	*****	
10		S OR CONDITIONS, I						
A	UNDERLY	ING CONDITION LA	STATING IT	IE OUE IO				
RTIFICATION								
느		11		(C)		******		
2		SIGNIFICANT COND		,				
CE		TO THE DEATH, BUT			IE ARTERIOSCUERO	TIC CARDIOYASC	ULAR DISEASE	
1				FINDINGS OF OPER	ATION		20. AUTOPSY?	
A				7-1			YES NO	
DIC		NT. SUICIDE.	218. PLA	CE OF INJURY (e.g., i		If in Baltimore City, gi	ve exact location)	
	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,	te.) INJURY OCCUR?			
Σ	210 TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	OF INJURY	(2000) (200) (200)		WHILE AT NOT WHILE				
				WORK AT WORK				
	22. I herch	y certify that I att	ended the	deccased from MA	15 , 19.52, to	JUNE 10 , 1952	, that I last saw the	
	deceased al	line on JUNE 10	19 52	and that death occur	red at 5:15 p.m., from t	the causes and on th	e date stated above.	
	23A, SIGNAT		, 20,	2	3B. ADDRESS		23c. DATE SIGNED	
	Cl.	rude E. O.	Parish	м, о.	U. M. H.		6/10/52	
2		REMA- 2AB DATE	/	24C. NAME OF CEMETS		OCATION (City, town,		
TIS	BURIAL C	inscify)	12/50	. Mind	James 12	AYMI!		
1	MULL	Hen!	4100	" INDION	WWW IV	100 00 1100	ADDDESS	
D	ATE RECEIVE	D BY REGISTRAR	SIGNATU	RE	25 FUNERAL DIRECTOR	011 1	ADDRESS	
	JUNT	1952 Hunting	ton W	Mialus M.P.	Childe Mills	UZE Scool 2	Carl	
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	VS 150	0		A series and		V		



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le le	BI	5436		BA		EALTH DEPARTMENT E OF DEATH	Registere	R. 5436
pa	1.	NAME OF Diype or Print)	ECEASED	Hon	Russ	ell	2. DATE 6	-9-52
plic	Α.	PLACE OF D. Baltimore (City, Marylayd	tal or institu	tion, give street address or	4. USUAL RESIDENCE	(Where deceased lived B. COUNTY	. If institution: residence before admission)
IIIy.	IN	SPITAL OR ISTITUTION	www.	Korla	location)	Gallo.	(If outside comparate/i	mits, write RUKAL, and give township)
e ca legibiy			tay in Baltimore	1 1	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	k St
should be	1	m	6. COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	Sept-9-1918	9. AGE (In years last birthday)	Months Days Hours Min.
on shou clearly	worl	A. USUAL OC k dooeduring most of	CUPATION (Give kind of working life, even if retired	108. KINI	of Business OR INDUSTRY		or foreign country) . Mod.	12. CITIZEN OF WHAT COUNTRY!
NDING information s of death cle		FATHER'S N	lliam de	Pusse	le	14. MOTHER'S MAIDEN	Doses	
of inforuses of d	15 (Ye	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES? es of service)	16, SOCIAL SECURITY NO.	77. INFORMANT Helen Russ	oll-1524	ma alloh
Every item write the cau		(This does heart failu injury or	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	of dying, e. ans the diseas caused death	E., Leud	OF DEATH Sulminus	g Edem	INTERVAL BETWEEN ONSET AND DEATH
ADING INK.	ICATION	DISEASES	OR CONDITIONS, HE ABOVE CAUSE (A) 'ING CONDITION L	IF ANY, GIVI	HE DUE TOULAN	ull facher	id bulses	ulli
MAKGIN UNFADING Physicians:	ERTIFIC	TRIBUTING	IGNIFICANT COND	NOT RELAT	ED			
田.	AL C		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOBSY7
WIT	MEDICA		ENT WAS UNDER PROPERTY OF THE		ACE OF INJURY (e. g., farm, factory, street, office bldg.,	o or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore Cit	y, give exact location)
	-	21D. TIME (OF INJURY	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK		URY OCCUR?	
TE PL especia		deceased al	ive on 6-19-5	tended the		rred at 6 Sym, fro	6-9-3, 19 m the causes and or	, that I last saw the the date stated above.
100	7	23A. SIGNA AA BUBALLO	7//nm	who	M'MCM.'D.	ADDRESS ADDRESS AT OR CREMATORY 24	Soft Orle City, to	wn, or county) (State)
PLEASE correct a	/	ATE RECEIVE	L 6-14-	S SIGNATI	Wester	Star 6x	Belt.	Mol
PI		JUN 1	1952 Thurk	ngton 1	Villiams M.F.	Samuel.	W. Sulla	rash
		VS 150		A MATERIAL PROPERTY.	09381/	101171	alengton	ave

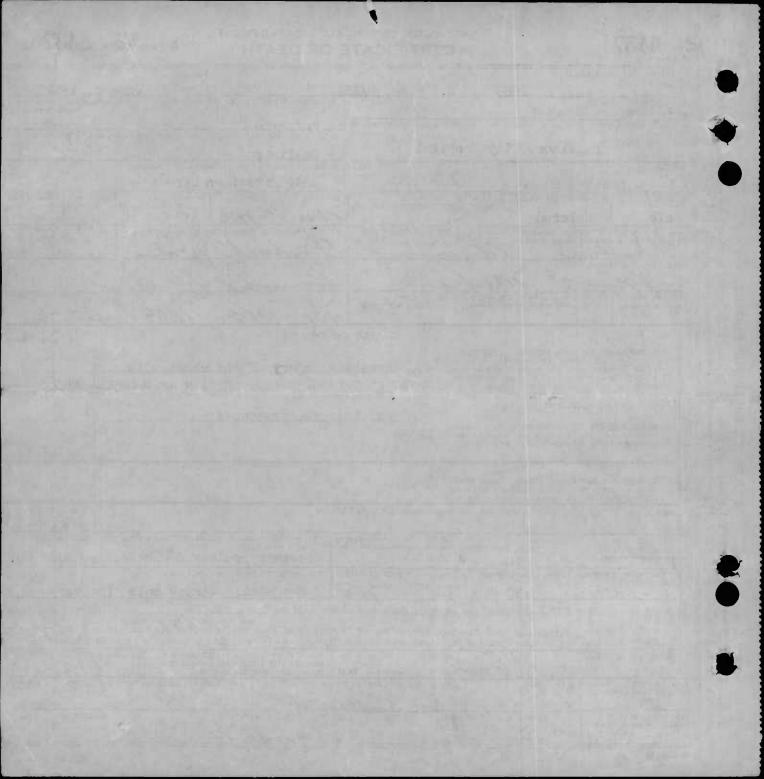


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BALTIMORE CITY HEALTH DEPARTMENT

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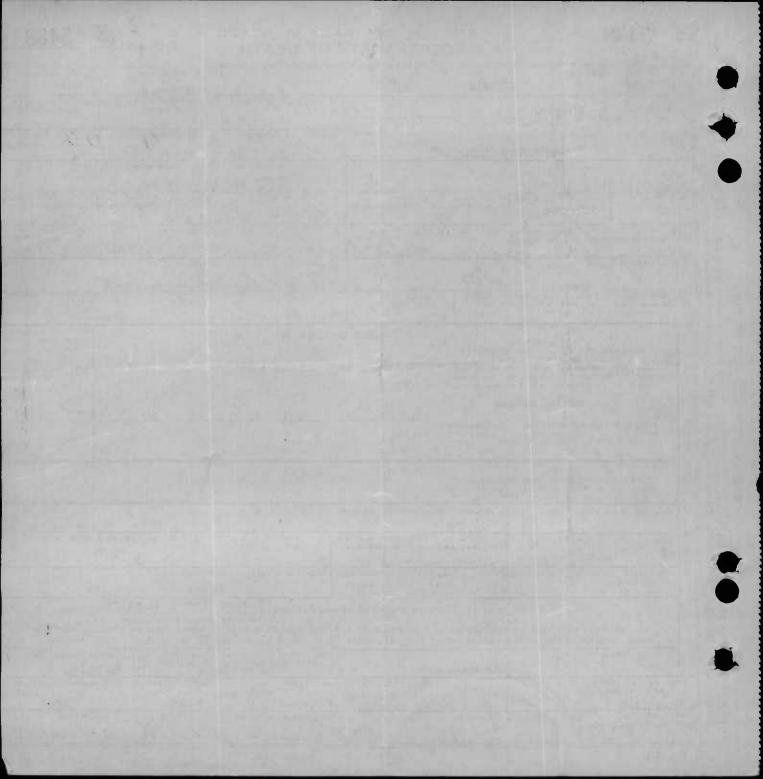
M5	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 5437
пе	I. NAME OF DECEASED (Type or Print) 2. DATE OF
plied.	JOHN B. MAKEL DEATH June 8, 1952 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE A. COUNTY B. COU
lly.	S. FULL NAME OF Of not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospital Baltimore Maryland C. CITY OR TOWN (If outside corporate limits, write RORAL and give township)
can legibly.	c. Length of stay in Baltimore 28 ym Mos. Days 1806 Presstman Street
ld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. Months: Days Hours Min. Months: Days Hours Min. Months: Days Months: Days Hours Min. Months: Days Mon
on should clearly an	10. USUAL OCCUPATION (Givekind of workind of working life, even if rotired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
NDING information of death cl	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
BINDING of inform uses of dea	(Yes, no/or unknown) (If yes, give war or dates of service) SECURITY NO. Roo-alla - 1809 Presstman
FOR y item the car	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A)Crushing injury of the chest with (A)Crushing injury of the chest with
ESERV INK. E lease w	ANTECEDENT CAUSES (B) Multiple rib fractures DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
MARGIN EUNFADING	U II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
hr .	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
L WIT	UNDERLYING EN OR CONTRIB. UNDERLYING EN OR CONTRIB. UNDERLYING EN OR CONTRIB. Street 218. PLACE OF INJURY (a.g., in or live where DID (in Baldmore City, give exact location) INJURY OCCUR? Eastern Boulevard and Rolling Mill Rd.
N. P.	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY 6/8/52 3:40 P. m. WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK
ITE PL. especial	22. I certify that I took charge of the remains described above, held an
age 18	23a. SIGNATURE REPORT M.D. MEDICAL EXAMINER
PLEASE correct age	24a. BURIAL. CREMA- TION, REMOVAL (Specify) 6-13-52 Men Catherlas Community (State)
PI	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS ADDRES
	VS 151 1106/10 0 0 00 00 00 Up 1011011 00 0 To Cold 10



V S 151

7 0563	88	-		EALTH DEPARTMENT E OF DEATH	Registered No.	5438
BIRTH NO.	DECEASED				2. DATE	
(Type or Print)		TOSHUA	HOLLY		OF June 9.	1952
3. PLACE OF A. Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (W		itution: residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	E OF 'f not in hospi	tal or institut	ion, give street address or location)		outside corporate limits, w	File RORAL and give
7.7	Universit	y Hospi	tal	Baltimore	16	township)
			Yrs. Mos.	D. STREET ADDRESS (If r		
c. Length of	stay in Baltimore	7 SINGLE	Days Days	1705 Harle		or 1 Year If Under 24 Hours
male	colored	MIDOM	ED, DIVORCED (Specify)		last birthday) Months	
10A. USUAL O	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S		alla	- Course	14. MOTHER'S MAIDEN NA	ME 2/ /0-44	1.75
15. WAS DECEA	SED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
				Kuth Holly -	- 1705 Harls	In the
(This do	ASE OR CONDITION LEADING TO DEA es not mean the mode lure, asthenia, etc. It me	TH of dying, e. g	. (A) Corons	OF DEATH artery disease		INTERVAL BETWEEN ONSET AND DEATH
	r complication which	eaused death				
Z DISEAS			(B)		***************************************	
O RISE TO	ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION L	STATING TH	E DUE TO			
	ETING CONDITION E	NOT.	(C)			
TRIBUTIN	II SIGNIFICANT COND IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
U 19A. DATE			FINDINGS OF OPER			20. AUTOPSY?
UNDERLYI	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.	ebout home, fa	CE OF INJURY (e. g., in arm,factory,street,officebldg.,e	or 21c. WHERE DID (If	in Baltimore City, give	exact location)
	(Month) (Day) (Year)	,	HILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
22. I cert	ify that I took char		remains described a	bove, held an inspect:	ion & inquiry to	hereon and from
the co	vidence obtained by	said Auto	psy, Inspection or I	Autopsy, Inquiry, find that said dea	eeased died on the d	lay stated above.
23A. SIGNA		June	leen-	238. CHIEF MEDICAL E. ASSISTANT MEDICAL E. D. MEDICAL INVESTIGATO	XAMINER 23C. D	OATE SIGNED
24A. BURIAL. TION REMOVAL (Specify)	52 2	mo. aulun	RY OR CREMATORY 24D. LO	CATION (City, town, or c	<u> </u>
DATE RECEIVE	D BY I DECLOTED DE	S SIGNATU	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	25. FUNERAL DIRECTOR	See Maria	DORESS

alington



before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY

INTERVAL BETWEEN

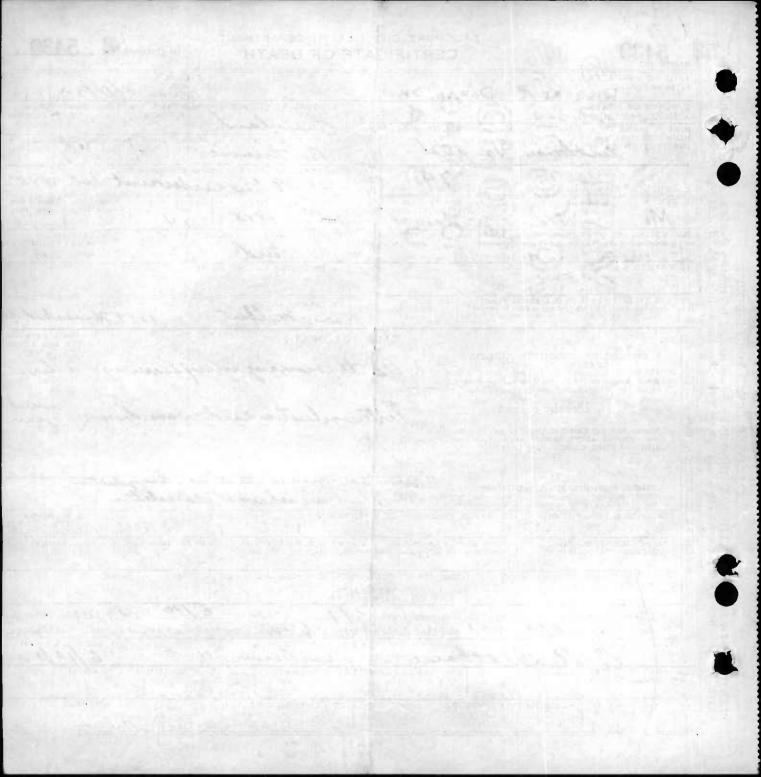
DNSET AND DEATH

20. AUTOPSY

23c. OATE SIGNEO

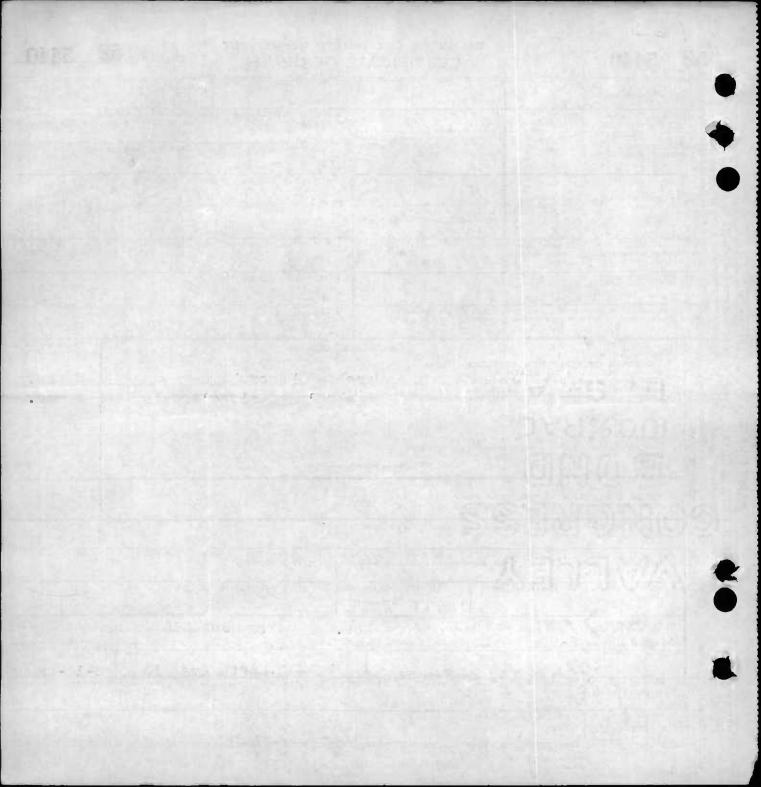
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-11	163				
1	2 BIRTH NO.	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	2 5440
	1. NAME OF DECEASED . (Type or Print)	handle		2. DATE OF DEATH	in to lace
	a. Baltimore City, Maryland	P. Bidell St.	A. STATE	Where deceased lived. If ins	titution: residence before admission)
	B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	stitution, give street address or location)		If outside corporate limits, w	vrite RURAL and give
	c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS ()	f rural, give location	
	5. SEX 6. COLOR OR RACE 7. St	NGLE, MARRIED, LOWED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In years M Und last birthday) Month	of I Year H Under 24 Hours I Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	}	14. MOTHER'S MAIDEN	NAME	
	(15. WAS DECEASED EVER IN U. S. ARMED FORC	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Stasis & B	RESS IL
	18. 33/X DISEASE OR CONDITION DIRECT		OF DEATH	A A A IVIVIA	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dyin) heart failure, asthenia, etc. It means the injury or complication which caused	g, e. g., (A)Cer	ebral hemorrha		
	ANTECEDENT CAUSES	death.) DUE TO CAT	ebrai Arterio	scierosis	5 Mos.
	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	NG THE DUE TO			
	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	ELATED			
		JOR FINDINGS OF OPER			20. AUTOPSY?
	ZIA. MCCIDENI WAS UNDER-	s. PLACE OF INJURY (e. g., i home, farm, factory, etreet, office bldg.,	in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		RY OCCUR?	
	22. I hereby certify that I attended deceased alive on 6-9 19		b. 3 , 19 52to		
	23a. SIGNATURE		238. ADDRESS 1613 E. Norti	2	6-11-52
0	24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	AC. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	
	DATE RECEIVED BY REGISTRAR'S SIGN	NATURE	25. FUNERAL DIRECTOR	01-03. P. Patt &	DDRESS
	VS 150 Huntington	Villiams, M. 7. 5		Vanestano	2013/13/



VS 150

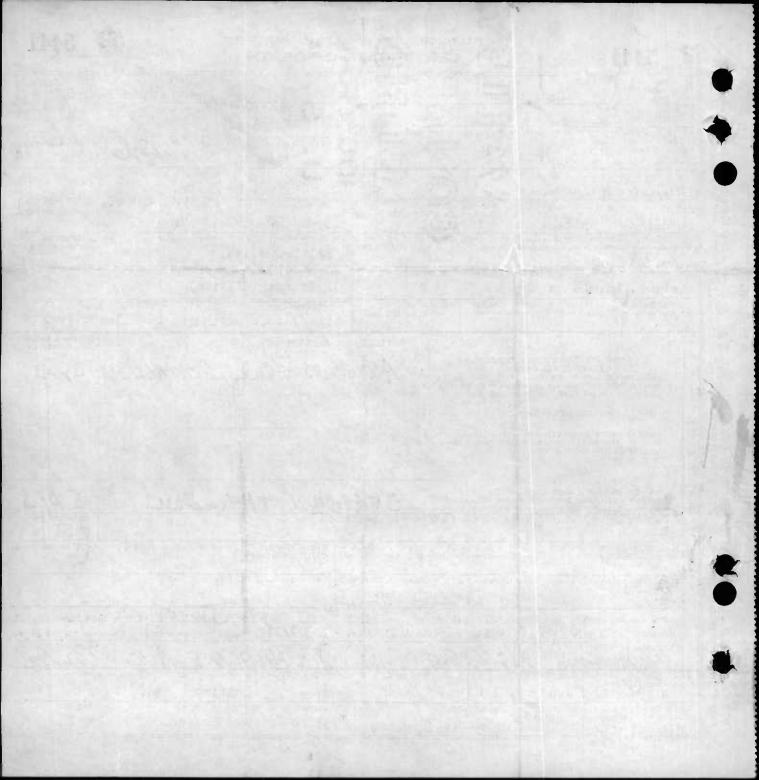
2 BIRTH NO.	153	30
	BIRTH	5441

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

S2
Registered No. 5441

BI	RTH NO.	L		CERTIFICATI	E OF DEATH		
1. (T	NAME OF D	eceased Lena S	mith			of June	9, 1952
A.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, II B. COUNTY	institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	Doctors Hosp		ion, give street address or location		outside corporation	ts, write FURAL and give township)
	Longth of s	tay in Poltimous		Yrs. Mos.	D. STREET ADDRESS (If		
	SEX SEX	6. COLOR OR RACE	7. SINGLE	Days E. MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH		M Under I Year on the Days Hours Min.
10		CUPATION (Give kind of		OF BUSINESS OR	August 12, 1872	*	12 CITIZEN OF
1	At home	of working life, even if retired)		INDUSTRY	Baltimore, Md.		WHAT COUNTRY?
		Hirschman			14. MOTHER'S MAIDEN N. Elizabeth Kill:		
15 (Ye	NO.	ED EVER IN U.S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Charles F. Smi		ADDRESS lwood Ave.
RTIFICATION	heart failt injury or DISEASE RISE TO 1	LEADING TO DEA s not mean the mode re, asthenia, etc. It me- complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	of dying, e. pans the diseas caused death SES IF ANY, GIVIN STATING TI	(B)	EMI OSCHEROSIS,		Syrs.
LLI.	TRIBUTING	II SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED CEVA	FIBRAL THAT	MBOSIS	SDYS
AL C					RATION		20. AUTOPSY?
EDICA	21A, ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City,	give exact location)
Σ	21b. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			
	deceased a		tended the	and that death occur	ov. 5, 1947, to rred at 3.32 An., from t		
	1900	ramon A	Lolia	tan M.D.	121 S. HILHLA	NS AUE.	6/0/5?
7 TI	on REMOVAL S Burial	Specify; June 42	, 1952	24c. name of cemete Woodlawn	Balt	imore, Md.	
	ATE RECEIVE OCAL REGIST	RAR H	'S SIGNATU		25. FUNERAL DIRECTOR Ilrich Tuneral	Home 2008 Or	Address leans St.

dia



20. AUTOPSY? NO (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from May 30, 1954 to June 10, 19 64 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED June 10, 1952 24D. LOCATION (City, town, or county) June 13, 1952 REGISTRAR'S SIGNATURE 1952 New Cathedral Cem Buriel Balto. Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR Moran 3000 E. Balto, St. VS 150

Fune 10, 1952.

If Under 1 Year

12. CITIZEN OF

U.S.

before admission)

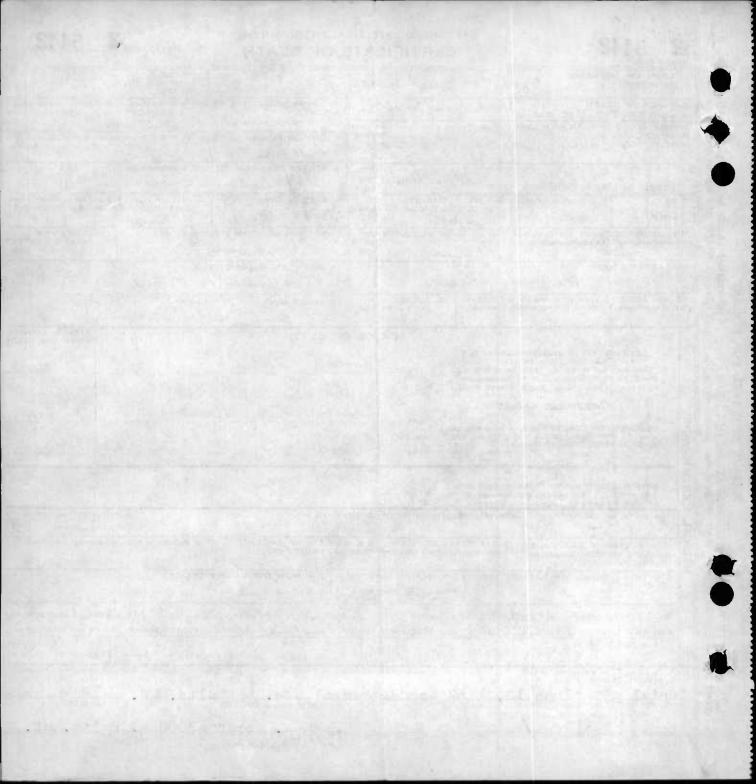
township

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

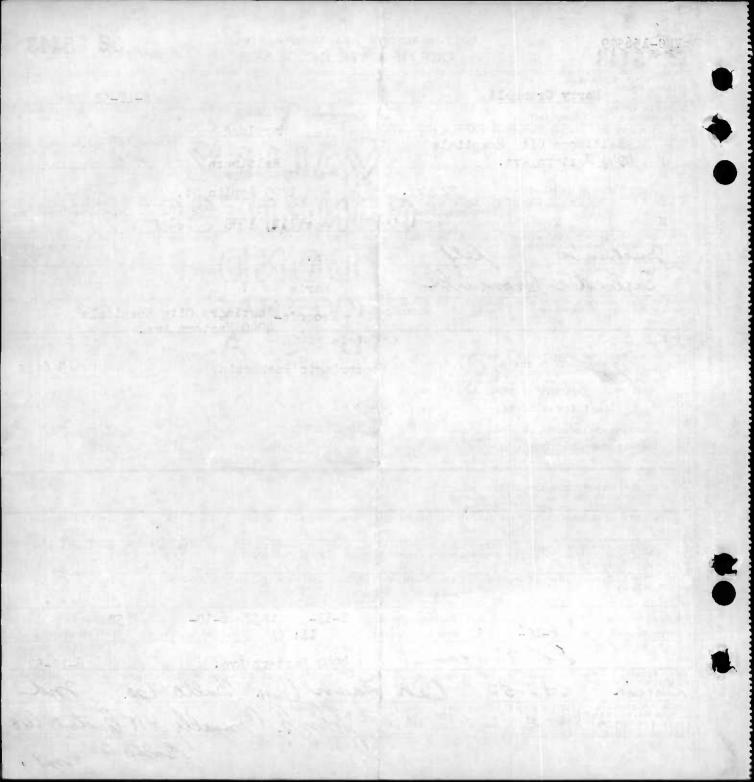


VMC-156579
I. NAME OF DEC (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 54437

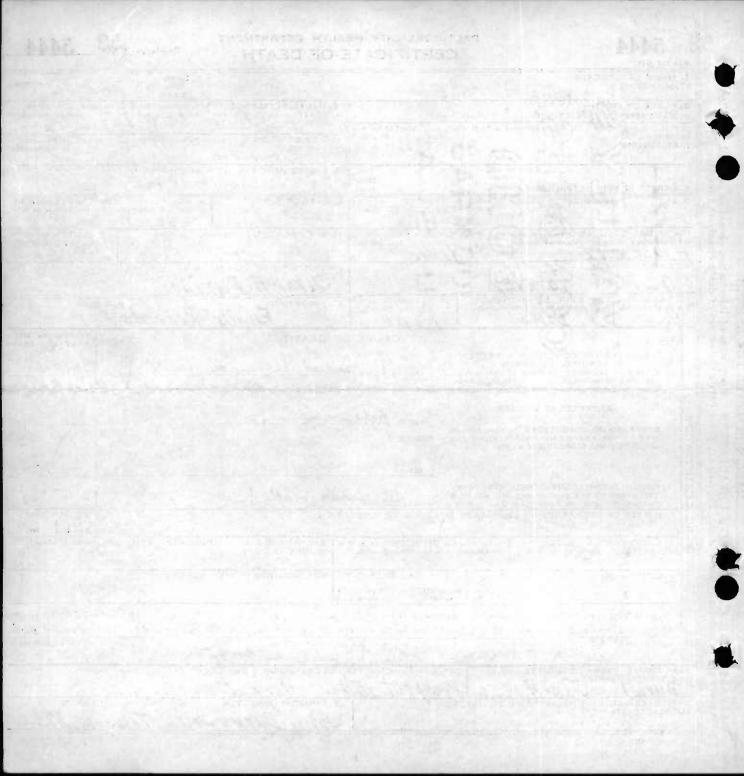
	Br	MTH NO.44	13		CERTIFICAT	E OF DEATH	Registered	No.		
	1.	NAME OF C	DECEASED				2. DATE			
	Harry Grouwell						DEATH 6-10			
	73 7.1					4. USUAL RESIDEN	NCE (Where deceased lived B. COUNTY	If institution; residence before admission)		
		FULL NAME	OF (If not in hospit	al or institut	ion, give street address o			X		
	IN		altimore City		als location	c. CITY OR TOWN	(If outside corporate)lim	hts, write level AL and give township)		
ly.	2	491	40 Eastern Av	8.		Balt		cownship)		
and legibly		T 12 - 0	1 7 11		Yrs. Mos.		6S (If rural, give location)			
d le		SEX	stay in Baltimore		22 yrs. Days	1203 J	9. AGE (In years)	MUZ-IV- LANGE AND		
		М	W	WIDOW	ED, DIVORCED (Specific Married	April 18	last birthday) A	f Under 1 Year Il Under 24 Hours Ionths Days Hours Min.		
clearly			CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTYY		
	-10		iance	sec	general					
death	13	FATHER'S	NAME OL		.00	14. MOTHER'S MAII	DEN NAME			
	1.5	Seje	venue or	omwe		Marie	Marie ?			
es of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or up nown) (If yes, give war or dates of service) SECURITY NO.					Records—Bal timore City Hospitals				
causes		18. 49	2 X		CAUSE	OF DEATH INTERVAL BETWE				
		DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEATH		
e the		(This does	LEADING TO DEA's not mean the mode oure, asthenia, etc. It mes	f dying, e. g		rrhagic Pneumo	nia	3 days		
write		Injury or	complication which	aused death	.) DUE TO					
- 11			ANTECEDENT CAUS	SES						
please	Z	DISEASE	S OR CONDITIONS, I	F ANY. GIVIN	(B)					
	ATIO	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	E DUE TO					
ns	2				(C)					
Physicians:	RTIFIC	OTHER 6	11							
hys	Ш	TRIBUTING	SIGNIFICANT CONDI	NOT RELATE	D					
- 11	O		OF OPERATION 1		FINDINGS OF OPE	RATION		20. AUTOPSY?		
nt.	CAL		7					YES NO		
ımport	EDIC	21A. ACCID LYING OF	DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm,factory,street,office bldg			give exact location)		
	2		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?			
E		OF INJURY		m.	WORK NOT WHILE AT WORK					
especially		2 that I last saw the								
dse			y certify that I att			rred at 1:304 m.	from the causes and on	the date stated above		
SO .	ľ	23A. SIGNA	TURE	1		23B. ADDRESS		23c. DATE SIGNED		
age				103	M. D.		Ave.	6-10-52		
- 11	710 TIO	REMOVAL (S			24c. NAME OF CEMEZ	ERY OR CREMATORY	Balto Co.	n, or county) (State)		
correct	DA	TE RECEIVE			RE	L25 FUNERAL DIRE		ADDRESS		
00		IN 1 1 10	RAR A	ton W.	lliaus, M.P.	John 4 (maelle 418	Eastern UE		
		VS 150	0	d an	2 0 7	5410	Selto	21		
-					553	199	Paelo	md,		
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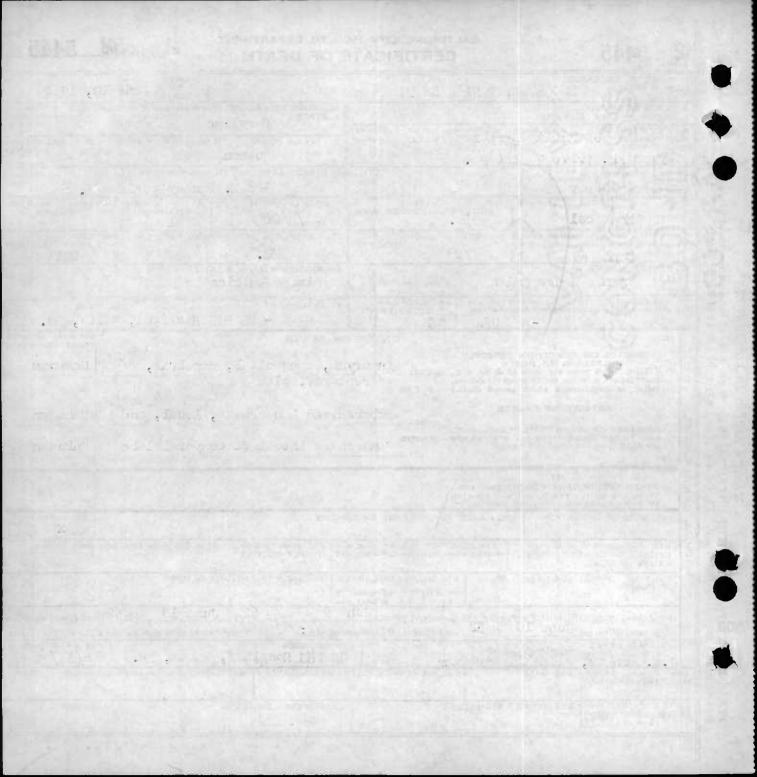
1	MARGIN	KENE	MARGIN RESERVED FOR BINDING	
LIWITH	UNFADING	INK.	WITH UNFADING INK. Every item of information should be can ally clied, he	
important.	Physicians:	please		

	elied.
MARGIN RESERVED FOR BINDING	It WITH UNFADING INK. Every item of information should be ca ally important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESER	UNFADING INK. Physicians: please
1	I WITH important.
	PLEASE (ITE PL IL WITH correct age is especially important.

52	5444	HEALTH DEPARTMENT Registered No	2 5444			
1	NAME OF DECEASED Type or Print) Omnie JUSTICE	2. DATE OF BEATH	~e'52			
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY)	stitution; residence before admission)			
	OSPITAL OR JOCATION Laster Hospital - Belts.	Ridemood	write RURAL and give township)			
	Length of stay in Baltimore Yrs. Mos Day	1721 Joppa Road.	5300			
5 _	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special	26 Oct 1883 last hirthday) Mont	hs Days Hours Min.			
Wor	A. USUAL OCCUPATION (Give kind of loss KIND OF BUSINESS OR INDUSTRATION OF BUSINESS OR		2. CITIZEN OF WHAT COUNTRY?			
1	George Comley	Sarah E. During				
Y (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Family Records	DRESS			
		cardial infarition, recent	INTERVAL BETWEEN ONSET AND DEATH			
RTIFICATION	ANTECEDENT CAUSES (B)	envelenzis				
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	elas mellitis				
	19a. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION					
MEDICA						
2	deceased alive on 8 me, 1952, and that death occurrence I. hereby certify that I attended the deceased from 2 deceased alive on 8 me, 1952, and that death occurrence I. hereby certify that I have mediately	urred at 9:15 pm., from the causes and on the 238 ADDRESS Lithua History				
2 11	AA. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMET ON REMOVAL (Specify) June H 1952 Prospect H	ERY OR CREMATORY 24D. LOCATION (City, town, of				
	OCAL REGISTRATE HUNTINGTON Welligung My	John Burns' Sous, Tows	SON, MA.			



5	DA	BALTIMORE CITY HE 5445 CERTIFICATI	^ 12	5445
Ġ.		NAME OF DECEASED ype or Print) ROOSEVELT DANIEL SMITH	2. DATE OF June 1	0, 1952
Plie	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or obspirate or Public Health Service location) ISTITUTION HOSPITAL	4. USUAL RESIDENCE (Where deceased lived. If ins	before admission)
my.	IN	Wyman Pk. Trive & 31st St. Yrs.	Towson D. STREET ADDRESS (If rural, give location)	township)
e ca I legil	***************************************	Length of stay in Baltimore ? Life Days SEX [6.COLOR OR RACE 7. SINGLE, MARRIED,	308 E. Pennsylvania A	
should be		M col WIDQWED, DIVORCED (Specify)	11/4/00 last birthday) Month	s Days Hours Min.
	worl	A. USUAL OCCUPATION (Give kind of todae during most of working life, even if rotired) None CHAUFFEUR PRIVATE		USA
NDING information of death el	13	James Henry Smith	Claire Watkins	
BINDING of inform uses of dea	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO. YES WW I - USA 227 22 5904	17. INFORMANT Records - US PHS Hospital, Ba	RESS Lto, Md.
R em		DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
the the			otured, with	Unknown
RESERVED INK. Even please write	Z	(B)	admoid hemorrhage, local, and	Unknown
ING IN	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)(C)	rhage into left temporal lobe	Unknown
MARGIN F UNFADING Physicians: p	CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
hri .	AL	19A. DATE OF OPERATION 7 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
ports	MEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,		exact location)
ally im	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK		
TEPEL. especia		deceased glive on June 10 1952 and that death occur	rred at 1:20P m., from the causes and on the	
age 18	2.	J.A. Minter Clinical Director M.D.	US PHS Hospital, Balto, Md.	6/11/52 eounty) (State)
PLEASE correct age		ON. REMOVAL (Specify) Burial 6/13/52 Balto. Natio ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
PL	L	OF MIREGIPT 952 Tuntington Wallacus, M.P.		cCullon St
		vs 150 682 8A	5 4 4 C Balt	o. Md.



5446

before admission)

township)

Il Under 24 Hours

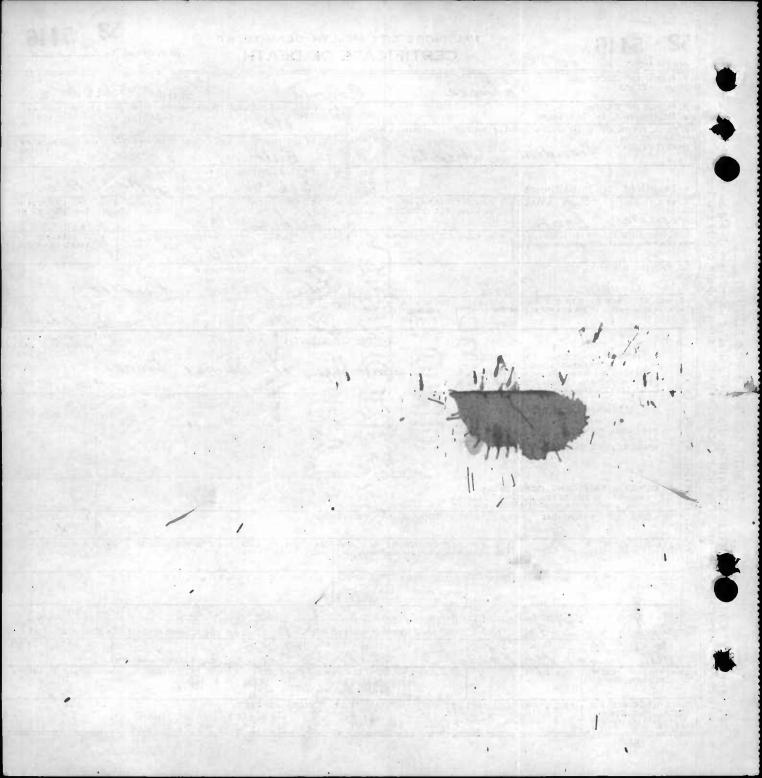
WHAT COUNTRY?

abone

INTERVAL BETWEEN

20. AUTOPSYT

23c. DATE SIGNED



6	BI	544	ORE CITY HEALTH DE		52 5447
y olied.	3. A. B.	PLACE OF DECEASED PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give SPITAL OR STITUTION) STITUTION OFFICE OFFI	e street address or location)	2. DATE OF DEATH RESIDENCE (Where deceased we B. COUNT OWN (If outside corporate	Y before admission) limits, write RULAL and give
Id be san and legibry.	c.	Length of stay in Baltimore SEX 6, COLOR OR RACE 7, SINGLE, MAR	Yrs. D. STREET		adevay
VDING information should be of death clearly and	13	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16, 8	INDUSTRY 14. MOTHE	LACE (State or foreign country) R'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
Every item of write the causes	(Ye	18. 761. 5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	CAUSE OF DEATH	IOHNS HOPKINS HOSPI	INTERVAL BETWEEN ONSET AND DEATH
MARGIN RESE UNFADING INK. Physicians: please	CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) Pelua (C) ? Birth h	iun	24 6.
WITH I	MEDICAL (21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, fact	ory, street, nflice bldg., etc.) INJURY	HERE DID (If In Baltimore C OCCUR?	20. AUTOPSY7 YES NO () ity, give exact location)
GE Sepecially		m. WHILE A WORK 22. I hereby certify that I attended the decea deceased alive on 1, 1952 and to 23A. SIGNATURE	sed from May 3 1, at death occurred at 23B. ADDRES	MS HOPKINS HOSPITAL	on the date stated above. 23c. DATE SIGNED 6-1-3
PLEASE correct ag	- D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Hort Derford	OORY 24D. LOCATION (City,	ADDRESS

aly Bay Jones Baltman -

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mamie S. Twilley DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF hM HOSPITAL OR location) C. CITY OR TOWN INSTITUTION 2819 Baker St. Bal timore Yrs. Mos St. c. Length of stay in Baltimore 2819 Baker Days information should be of death clearly and l 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 6. COLOR OR RACE 5. SEX BATE OF BIRTH last hirthday) White Female 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country 108, KIND OF BUSINESS OR work done during most of working life, even if retired)
HOUSE-KEEDER INDUSTRY Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Fenwick Julia Adams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes no of CAUSE OF DEATH item 18. Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: CA (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ы TO THE DISEASE DR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDIC/ 218, PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 1922to 22. I hereby certify that I attended the deceased from 1952 and that death occurred at 2 decoused alive on 234. SIGNATUR 23B. ADDRESS 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY DR CREMATORY Burial 6-13-1952 Druid Ridge Pikesville DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR Strong 3207 W. North Ave

52 5448

Registered No.

June 10. 1952 B. COUNTY before admission) (If outside corporate limits, write RURAL and give

D. STREET ADDRESS (If rural, give location)

9. AGE (in years)

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

Months Days Hours Min. It Under 1 Year

ADDRESS Valter Royce Twilley 183 Oaklee INTERVAL BETWEEN

Mysearditis

(If in Baltimore City, give exact location)

The 10, 1927 that I last saw the All from the causes and on the date stated above. 23c. DATE SIGNED

20. AUTOPSY

ADDRESS

VS 150

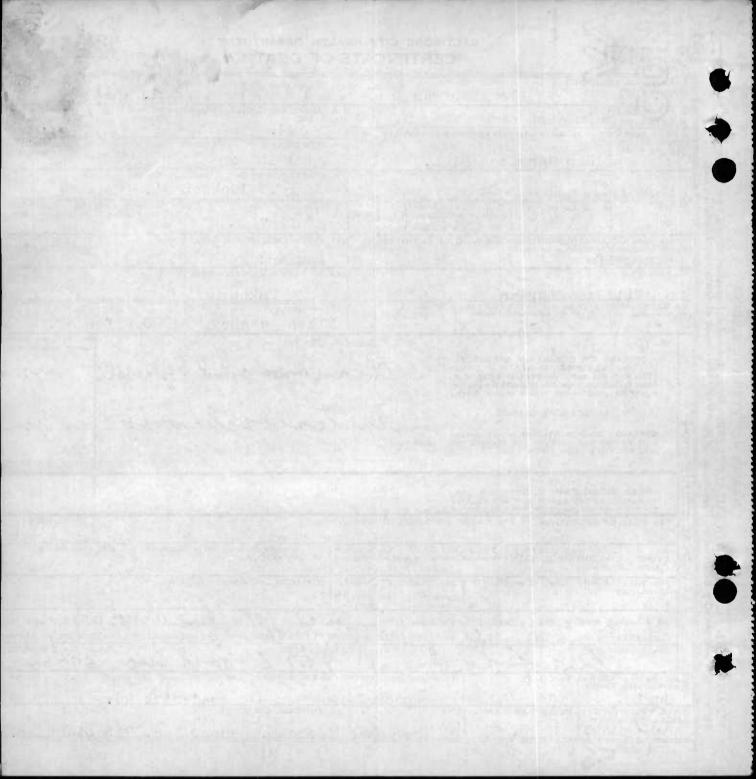
DY Louis J. Lavy 1844 W. North live. 915

VS 151

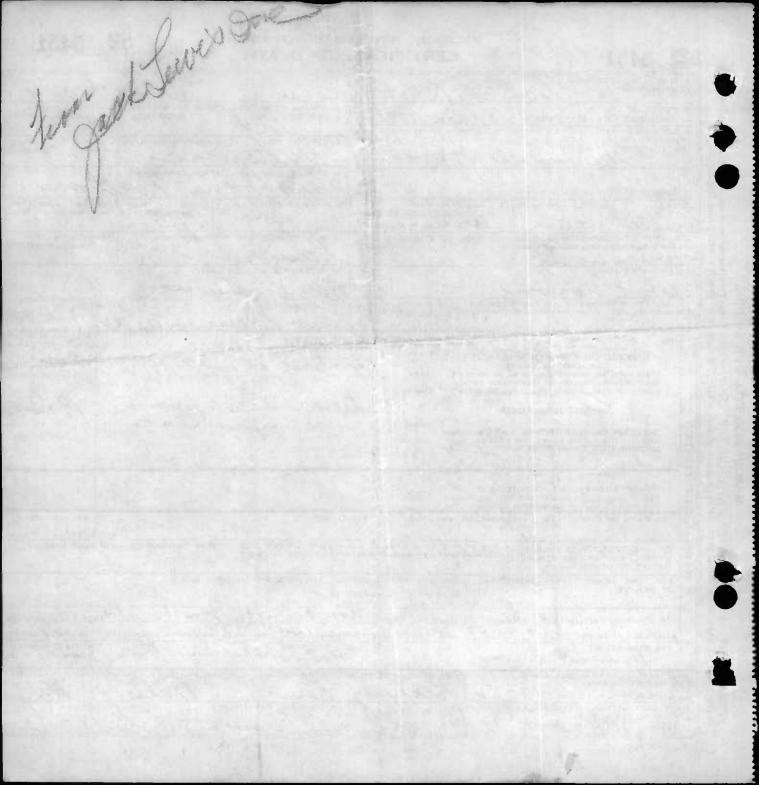
12	5449	BALTIMORE CITY HE CERTIFICATE		Registered No.	5449
	NAME OF DECEASED ype or Print) WALT	TER ZUCHOWSKI		2. DATE OF DEATH May 5,	1952
Α.	PLACE OF DEATH: Baltimore City, Maryland	tal or institution, give street address or	4. USUAL RESIDENCE (W A. STATE Maryland		
	SPITAL OR STITUTION Mercy Hos		Baltimore	outside corporate limits, w	township)
-	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r 1628 Thames Str		r I Year If Under 24 Hours
	Male White	WIDOWED, DIVORCED (Specify)	11. BIRTHPLACE (State or for	last birthday) Month	Days Hours Min.
wor]	done during most of working life, even if retired)		Unknown 14. MOTHER'S MAIDEN NA		WHAT COUNTRY?
	Unknown . WAS DECEASED EVER IN U.S. ARME	D FORCES? 16. SOCIAL	UNKNOWN 17. INFORMANT	ADDI	orce .
(Ye	o, no or nnknown) (If yes, give war or date	security No.		waty, 1628 Than	
ERTIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mee injury or complication which ANTECEDENT CAUS DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	of dying, e.g., ans the disease, caused death.) SES (B) Multiple (B) Multiple (B) STATING THE	erebral Injury e fractures, abra	sions, and	ONSET AND DEATH
ERTIFIC	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
AL C		98. MAJOR FINDINGS OF OPER, 215. PLACE OF INJURY (e. g., in		f in Baltimore City, give	20. AUTOPSY? YES NO X exact location)
MEDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB- UTING CAUSE OF DEATH. 21b. TIME (Month) (Day) (Year	about home, farm, factory, street, office bldg., et	Orleans and E	Cast Streets	26-4
~	of INJURY 5/5/52 5:00	A. m. WHILE AT NOT WHILE			
	the evidence obtained by and death in my opinion	rge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	Autopsy, I nquiry, find that said de \(\subseteq \) accident \(\mathbb{X} \), suieide	nspection or Inquiry eeased died on the d \[\begin{align*} homicide \begin{align*} unde	lay stated above, etermined .
24	23A. SIGNATURE ***Lauley ** **A. BURIAL. CREMA- 246. DATE	Durlachen M. 124G. NAME OF CEMETER		EXAMINER	5/5/52 county) (State)
TIC	ON, REMOVAL (Specify) 6-12-	52 Sacred	Heart 9	ormen-His	S. P.d.

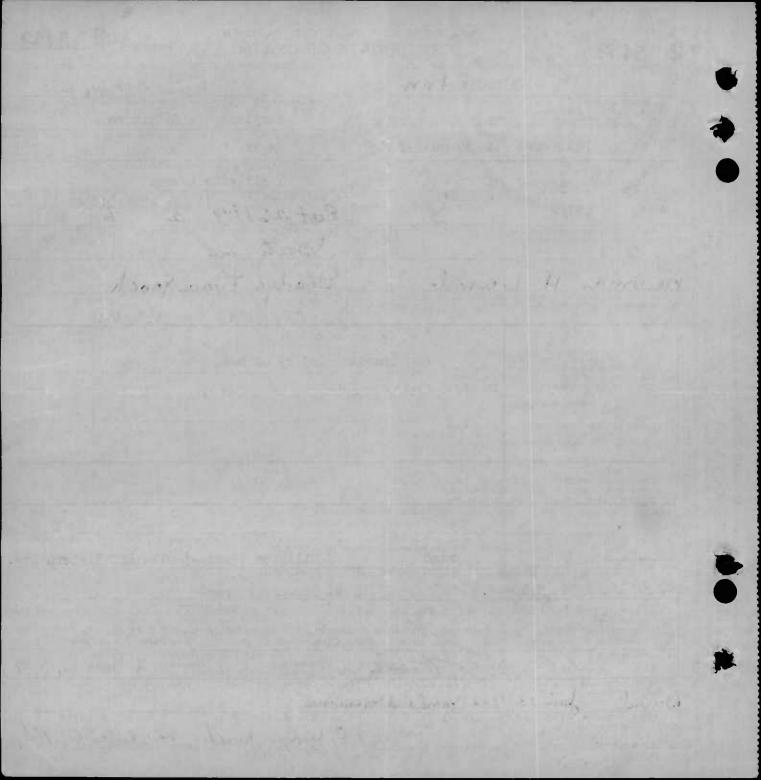
boldes 2 Collected House T Secretary Production

1	17.5				
2	5450 PRTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No	2 5450
	NAME OF DECEASED (ype or Print)	en Bergman		2. DATE OF DEATH 6/1	1/52
3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution : residence before admission
в.	FULL NAME OF (If not in hospital OR	al or institution, give street address or location)	Md.	outside corporate limits,	write RURAL and gi
IN	4515 Garri	son Blvd.	Baltimore	7 61	O 4 townshi
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 1600 Jack		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) F Widowed			8. DATE OF BIRTH 8/8/1872	9. AGE (In years Mont	nder I Year If Under 24 Hours Mir
	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) HOUSewife	108. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or for England	oreign country) 1	2. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
155	William O'Bria 5. WAS DECEASED EVER IN U.S. ARMED	n FORCES? 16. SOCIAL	Unknown		
	e, no or unknown) (If yes, give war or date		17. INFORMANT Ellen Kutchey		th St.
RTIFICATION	ANTECEDENT CAUS DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO	mi Myocardi teriosch	ess	zys
CERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	19A. DATE OF OPERATION 0 1	9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218, PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,		If in Baltimore City, gi	
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	WHILE AT NOT WHILE		Y OCCUR?	
	22. I hereby certify that I attended the deceased from				
	23A. SIGNATURE		9 07 2. F	et line.	6-11-52
TI	4A. BURIAL. CREMA- ON, REMOVAL (Specify) Burial 6/12/	52 Loudon Pa		ocation (City, town, o	r county) (State
		ston Williams M.P.	John F. Denr		ADDRESS Light St
	VS 150	952810	5 4 4 7		



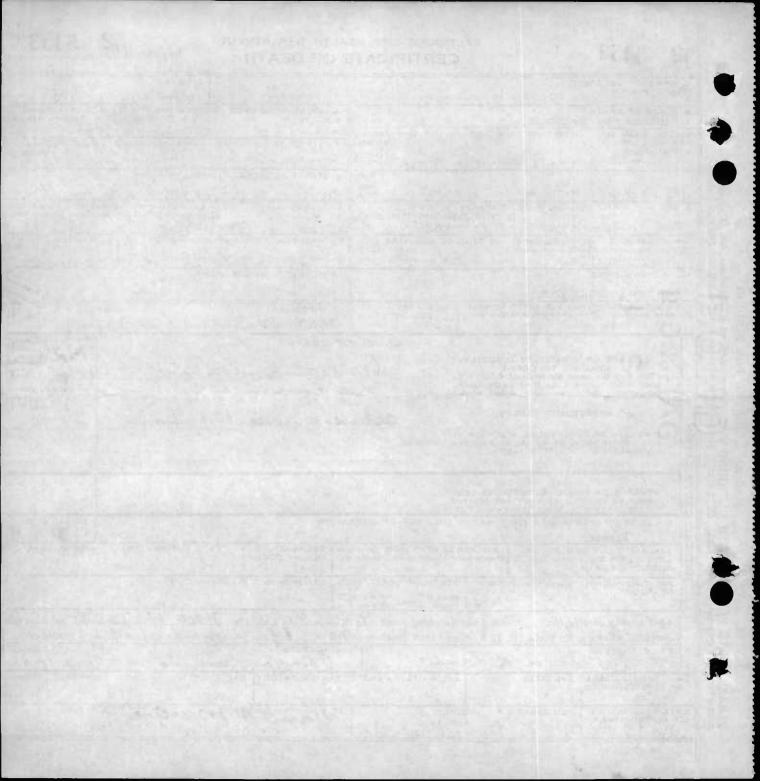
VI	1/	56				4 4 4
1	52			OF DEATH	Registered No	5451
The	1.	NAME OF DECEASED	0 0 10	r2	2. DATE	11 5
lied	3.	PLACE OF DEATH:	GAM	4. USUAL RESIDENCE (W		
To the second	В.	Baltimore City, Maryland 46/3 / WK. FULL NAME OF (If not in hospital or institution, give DSPITAL OR /	street address or location)	A. STATE	B. COUNTY	before admission)
ulk.		STITUTION Mt Sevai Nor	ne	C. CITYOR TOWN (If	outside corporate limita	twiship)
egibl	C.	Length of stay in Baltimore	Yrs. Mos. Dave	7/27 /400	ural, give location)	Leway
and le	7	SEX 6. COLOR OR RACE 7. SINGLE, MARK WILDOWED, DIV	IED.	8. DATE OF BIRTH		nder Year 1 Thee 24 Hours ths Days Hours Min.
n should		A. USUAL OCCUPATION (Give kind of done during most of working life, even firetired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 1	2. CITIZEN OF WHAT COUNTRY
NG rmatio death	13	FATHER'S NAME		14. MOTHER MAIDEN NA	ME	
of of	15 (Ye	. WAS DECEASED EVER IN U, S. ARMED FORCES? I, no or unknown) (If yes, give war or dates of service) SE	CIAL CURITY NO.	17 MFORMANT	AD	DRESS (L)
BIN n of auses		18. /// 2	CAUSE C	OCIOS Crawe	W-V112 /17	INTERVAL BETWEEN
FOR iten		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Car	elisal Hem	arrhage	1 weeks
Every i		heart failure, asthenia, etc. It means the disease,	E TO +			<i>a</i>
	z	ANTECEDENT CAUSES	arle (B)	roclect. C. V.	tenar	18 months
re IN	ATIO	UNDERLYING CONDITION LAST.	E TO			
MAKGIN UNFADING Physicians:	IFIC	11	C)		***************************************	
MA INF	CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	none			
₩.	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPERA	ATION		20. AUTOPSY?
WITH	EDIC,	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factor			f in Baltimore City, gi	ve exact location)
y imi	Σ		JURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
PI		22. I hereby certify that I attended the deceas	ed from No	. 13	one 11 , 1952	that I last saw th
RITE P		deceased alive on 11, 1952 and the	at death occurr	red at /2:15 m., from the	ie causes and on the	e date stated above 23c. DATE SIGNED
ge ii	24	BURIAL CREMA- 248 DATE 240, NA	M. D. ME OF CEMETER	9818 Kersen	DCATION (City, town, d	county) (State)
S.A.	TI	leveal 6-12-12 146	wring	Ken	Galto	a Mid
PLEA	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE JUN 12 1952 + + + to Willia	us Miss	alk pewis M	1 7 b	tow B
		VS 150	44/	05418		





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N 2 2 0 52 5453	BALTIMORE CITY HE CERTIFICATI		Registered No.	5453
1. NAME OF DECEASED (Type or Print)	7. 7.7		2. DATE OF	
3. PLACE OF DEATH: A. Baltimore City, Maryland	. Moses	4. USUAL RESIDENCE	(Where deceased lived, If inst	
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION	institution, give street address or location)	Maryland c. CITY OR TOWN (Baltimore Ci If outside corporate limits, w	ty rit RURAL and give township
Crawford Retreat Nur	Yrs.	Baltimore o. STREET ADDRESS (f rural, give location)	township
	Tife Mos. Days SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years li Unda last birthday) Month	Days Hours Min.
remale white	Married B. KIND OF BUSINESS OR INDUSTRY None	April 24,1886 11. BIRTHPLACE (State or Baltimore M	foreign country) 12	CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Emanuel Wolfram		14. MOTHER'S MAIDEN Rose ?		
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO. NONE	17. INFORMANT	ADDI es Riviera Ap	
DISEASE OR CONDITION DIRI LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which causes ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT TO THE OISEASE OR CONDITION CAU	Y. GIVING	elral hemo is soluvais h		attask 3/80%. 14/2 mon A dwalan. 340
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OBATH, BUT NOT TO THE OISEASE OR CONDITION CAU	RELATEO			
19A. DATE OF OPERATION 19B. I	MAJOR FINDINGS OF OPER		(Ie. i. D. iti	YES NO
21A. ACCIDENT WAS UNDER. 2 LYING OR CONTRIBUTING CAUSE OF DEATH 2 LOTIME (Mosth) (Vac) (Vac) (Ho	21B. PLACE OF INJURY (e. g., li out home, farm, factory, street, office bldg., c		(If in Baltimore City, give	exact local prop
210. TIME (Month) (Day) (Year) (Hor	DUT) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	RY OCCUR?	
22. I hereby certify that I attend deceased alive on 19	led the deceased from me	red at 19m. from	the causes and on the	hat I last saw th
23A. SIGNATURE Judenck	Leitz M.O.	Jemple &	udeno	3c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BUTIAL DATE RECEIVED BY REGISTRAR'S SI	24c. NAME OF CEMETE 952 Baltimore F		lair Rd Ral ti	more Md
				DRESS '

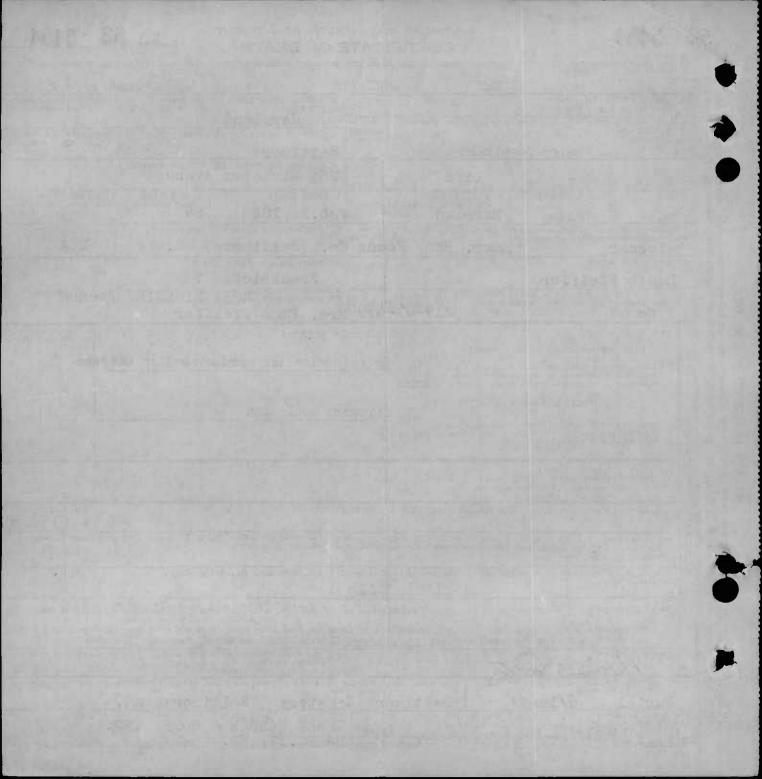


MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	3434
1. NAME OF DECEASED (Type or Print) ALBERT	PFEIFF	ER	2. DATE OF June 10,	1952
HOSPITAL OR INSTITUTION	titution, give street address or location)	A. STATE Maryland C. CITY OR TOWN (If	here deceased lived. If institution is COUNTY to outside expressible limits write	before admiss
Mercy Hospital c. Length of stay in Baltimore	Yrs. Mos. Days	Baltimore D. STREET ADDRESS (If 1) #255 Nicholas	rural, give location)	
Male White Mar	GLE, MARRIED, DOWED, DIVORCED (Specify)	reb.21,1888	9. AGE (In years Months Da	ays Hours A
Salesman 13. FATHER'S NAME	Home Foods	11. BIRTHPLACE (State or for Co. Baltimore 14. MOTHER'S MAIDEN NA	, Ma. T	SA COUNT
Louis Pfeiffer		Fredericka	?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) NO	16. SOCIAL 219-03-6994	17. INFORMANT 4255 Mrs. Emma Pfeii	Nicholas Aven	are
DISEASES OR CONDITIONS, IF ANY, GRISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	(B) COPON G THE DUE TO (C)	ary occlusion		
TO THE DISEASE OR CONDITION CAUSIN U 19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION	20	D. AUTOPSY
	PLACE OF INJURY (e. g., i me, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If	in Baltimore City, give exac	ct location)
2 1D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge of t the evidence obtained by said A and death in my opinion resulte	utopsu. Inspection or 1	Autopsy, Inquiry, find that said des . X, accident, suicide	nspection or Inquiry ceased died on the day □, homicidc □, undcter	stated ab mined \square .
23A. SIGNATURE 24A. BURTAL. CREMA-, 24B. DATE		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATO RY OR CREMATORY 24D. LC	June	11, 195
Burial 6/14/52	Baltimore (imore, Md.	(Dua
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR		25. FUNERAL DIRECTOR HENRY SANDER &	ADDR	ESS

VS 151 49063



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write BULAL and give C. CITY OR TOWN JOHNS HOPKINS HOSPITAL INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED If Under 1 Year If Under 24 Nouse last birthday) Months: Days Hours! Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Masime 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: CERTIFICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUT EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 3-17 1952 that I last saw the 22. I hereby certify that I attended the deceased from. 1952, and that death occurred at deceased alive on_ _m., from the causes and on the date stated above. 238. ADDRESS HNS 23c, DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) NAME OF CEMETERY DR CREMATORY DATE RECEIVED BY RECISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR

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2	FAFO	EALTH DEPARTMENT Registered No.	5456
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A. B. HC	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION	A. STATE	before admission)
4	JOCTORS HOSPITAL Yrs. Mos.	Elvaton Millersville P.O. D. STREET ADDRESS (If rural, give location) Jumper Hole Road	township)
5. V	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years last birthday) Dec. 5, 1874 77	or 1 Year Il Under 24 Hours Min.
772	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) CIPLO MANAGEM OF BUSINESS OR INDUSTRY CALLER S NAME		CITIZEN OF WHAT COUNTRY?
15 (Yes	William M. Dillow, Sr. WAS DECEASED EVER IN U. S. ARMED FORCES? BO OR UNKNOWN) (If yes, give war or dates of service) SECURITY NO. NO NO.	Virginia Tolson 17. INFORMANT Mrs. Grace O. Dillow Elvato	RESS n. Md.
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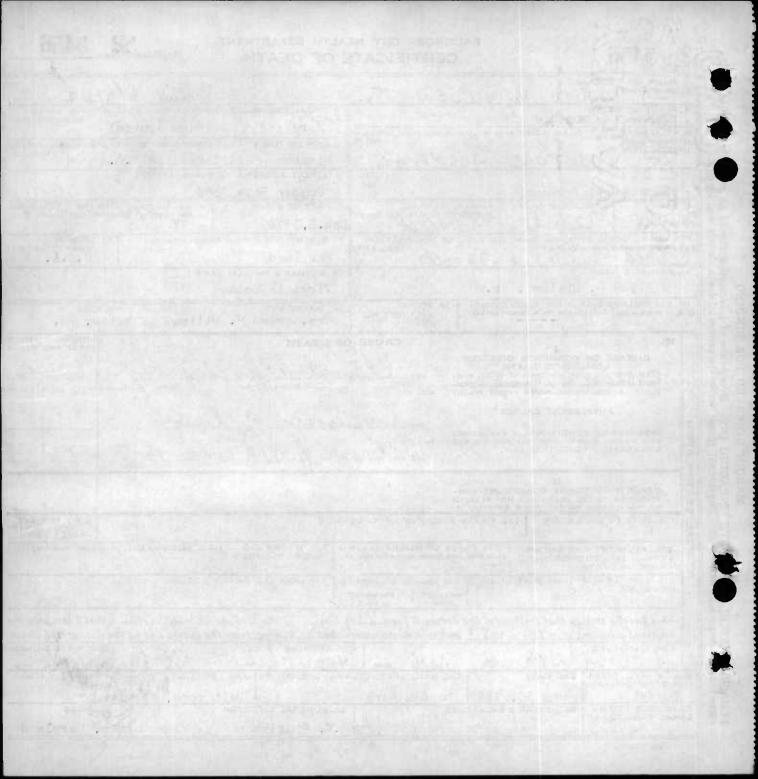
Burial
DATE RECEIVED BY Volliacus, M.R.V. Singleton VS 150

Loudon Park

Baltimore, Maryland
25. FUNERAL DIRECTOR ADDRESS

Glen Burnie, Maryland

June 14, 1952 Lo



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O ·	0		E OF DEATH	Registered No.	5457
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elie	Α.	PLACE OF DEATH: Baltimore City, Marylan C. av FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Who	DEATHU A	tion: residence before admission)
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Registered No. 5458

June 11, 1952

If Hoder 1 Year

ADDRESS

12. CITIZEN OF

before admission)

township)

If Under 24 Hours

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

23c, DATE SIGNED

June 11

ADDRESS

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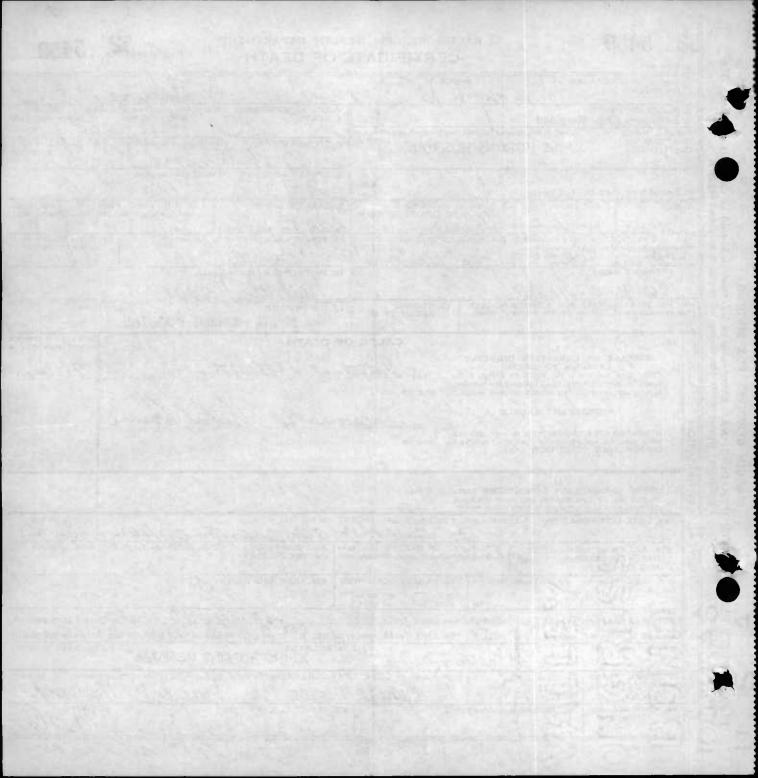
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BALTIMORE CITY HEALTH DEPARTMENT

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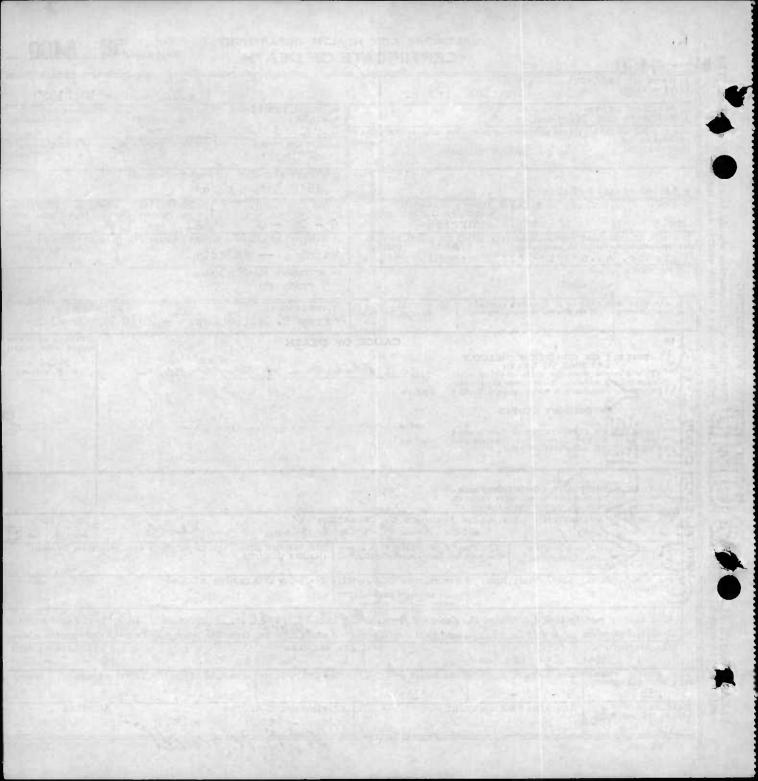
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No	5460
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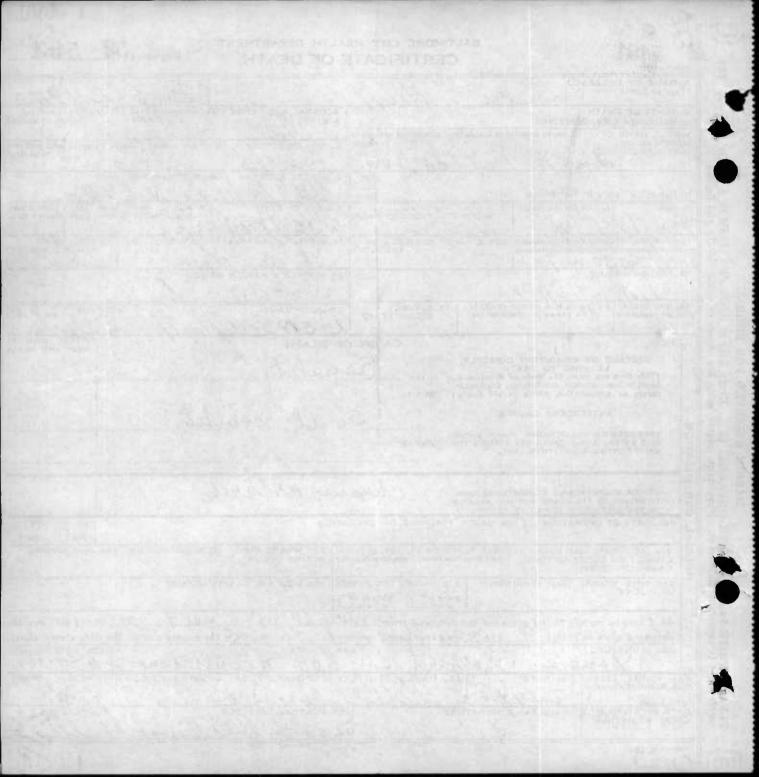
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1. NAME OF D			Do tolor or		2. DATE	7.0	
		harles	Parker		DEATH J	me 10, 1952	
a. Baltimore	City, Maryland			A. STATE	NCE (Where deceased lived, B. COUNTY	before admission)	
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland	none	7	
INSTITUTION	1810 Eu	taw Pla		Baltimore	(If outside corporate li	mis, write tulen L and give township)	
			10 Yrs.		SS (If rural, give location)		
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22. I hereby certify that I attended the deceased from Manh 31, 1951, to 195, that I last saw the							
deceased alive on 6/11, 19.52 and that death occurred at 4.05 m., from the causes and on the date stated above 23A. SIGNATURE 123C. DATE SIGNED							
	Wore Du	what	м. р.	2302 Edmonds	on Ave.	6 - 11 - 52	
24A. BURIAL, TION, REMOVAL (24c. NAME OF CEMETE			wn, or county) (State)	
burial		- 52	Woodlawn		Woodlawn, Mary	land	
DATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIR		ADDRESS	
LOCAL REGIO	7354 +	21-	Will	John O. Mitch	ell & Sons, Inc.	-1900 Eutaw Pl.	
VS 150	1 1 1 2 2 2	12 -	The House	11612	Mitebell		



VS 150

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

	01	EACA BALTIMORE CITY H	EALTH DEPARTMENT	59	5464
e o	B	O401 CERTIFICAT	E OF DEATH	Registered No	0401
E	1.	NAME OF DECEASED	/ 2.1	DATE //	7
TO g	r)	Type or Print) Saka N Holl		OF 6/10/	1950
lly serlie		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where		on: residence efore admission)
	В.	FULL NAME OF (If not in hospital or institution, give street address of	r //0.	10	A 1
		OSPITAL OR ISTITUTION O G O A A T	c. CVTY OR TOWN (If outside	e corporate limits, write l	RURAL and give township)
	14	329/V. Tu//ON/TVB.	132/10		
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be of		Length of stay in Baltimore Days SEX 6.COLOR DR RACE 7.SINGLE, MARRIED.		GE (in years If Under I Yea	or If Under 24 Hours
	7	WIDOWED, DIVORCED (Specify	6/95/1271	ast Birthday) Months Da	
should	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	M. BIRTHPLACE (State or foreign	country) 12. CIT	IZEN OF
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VDING information of death cl		Jim tishen	Wahah	1	
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± ₹	EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg	in or 21c. WHERE DID (If in)	Baltimore City, give exac	
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		m. WHILE AT NOT WHILL M. AT WORK			
PL.		22. I hereby certify that I attended the deceased from	lay 22, 1953 to my	9 , 1952 that	I last saw the
re esp		deceased alive on 1997, 1997. and that death ocen	erred at 3A m., from the ca	uses and on the date	stated above.
RI		23a. SIGNATURE	23B. ADDRESS	23c.1	DATE SIGNED
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20 102 20	di	AA. BURIAL CREMA 248. DATE PAG. NAME F CEMENTON, REMOVAL (Specify)	Alam Ch	May DY	(State)
PLEAS correct	H	ATE RECEIVED BY REGISTRATE SIGNATURE	25. FUNERAL DIRECTOR	ADDR	ESS 321N.
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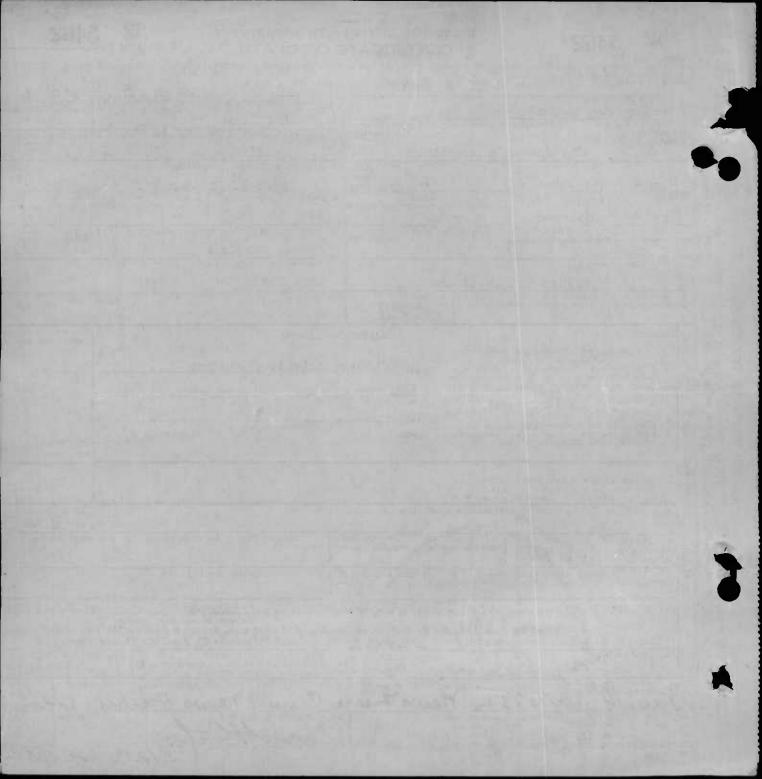


BALTIMORE CITY HEALTH DEPARTMENT

52

4)	BIRTH NO.	IUC		CERTIFICAT	E OF DEATH	⊢ Reg	gistered No	
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ed.	3. PLACE OF DE	ATH:	MABEL	E. SMITH	4. USUAL RESIDE	DEATH		
lied.	A. Baltimore Ci	ty, Maryland	nl on ingrituti	on, give street address or	A. STATE	В. СС	OUNTY	before admission)
lly v	HOSPITAL OR INSTITUTION	St. Joseph		location)	I	(If outside corp	porate limits, wr	ite RURAL and give township)
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cal		ay in Baltimore		/Vrs. Days	1210	E. Preston		
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ma	TE WAS DESCRIPTION	Willis Bra			Lula Hardg	ge		
infor	(Yes, no or unknown)	EVER IN U.S. ARMED (If yes, give war or dates	FORCES? s of service)	16. SOCIAL SECURITY NO. 228-20-0431	17. INFORMANT	ו סויבו-יייין	ADDR	
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BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) OF Burdelle Sittler Cannon DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, Frite RURAL and give C. CITY OR TOWN INSTITUTION Home OHOSpita Church TIMOYE Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore OWY 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Dec married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY husician nnsylvanic 13. FATHER'S NAME Henry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yee, no or unknowo) SECURITY NO. Samo nonle none CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH quamous Cell Careinoma of left (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA NO X oma 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-EDIC about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE 1952 that I last saw the 1952 to 11 June 22. I hereby certify that I attended the deceased from 22 deceased alive on 11 Tune, 1952 and that death occurred at 5 20 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY OR ION (City, town, or county) DATE RECEIVED BY FUNERAL ADDRESS REGISTRAR SIGNATURE DIRECTOR LOCAL REGISTRAR

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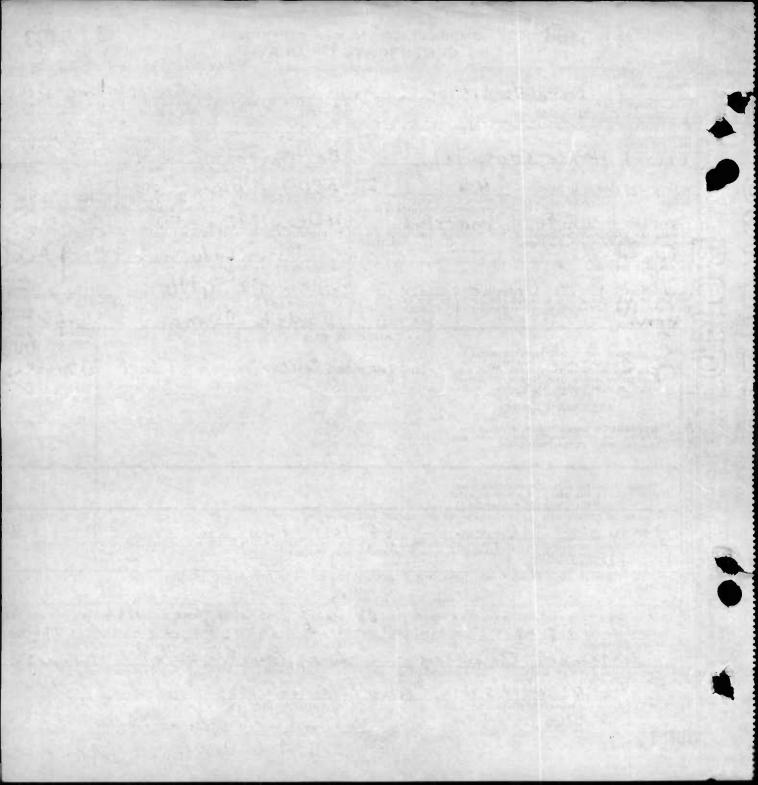
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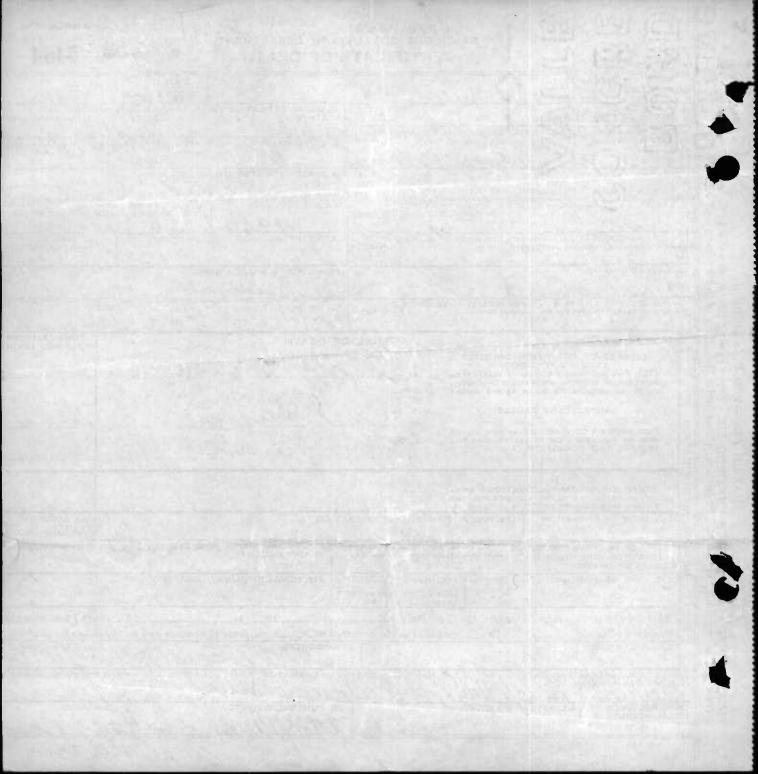
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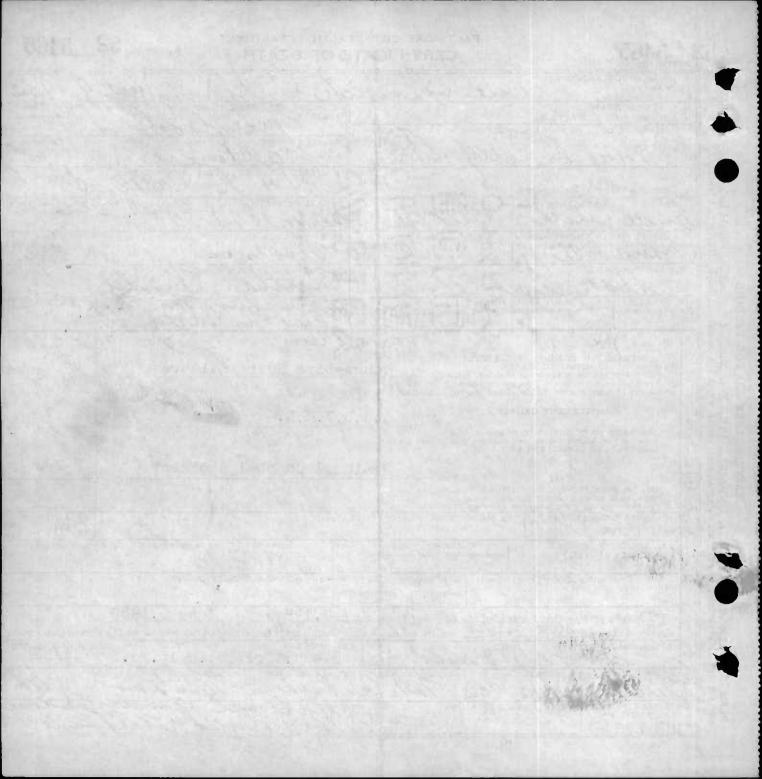


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ig		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	Where deceased lived. If B. COUNTY	institution: residence before admission)
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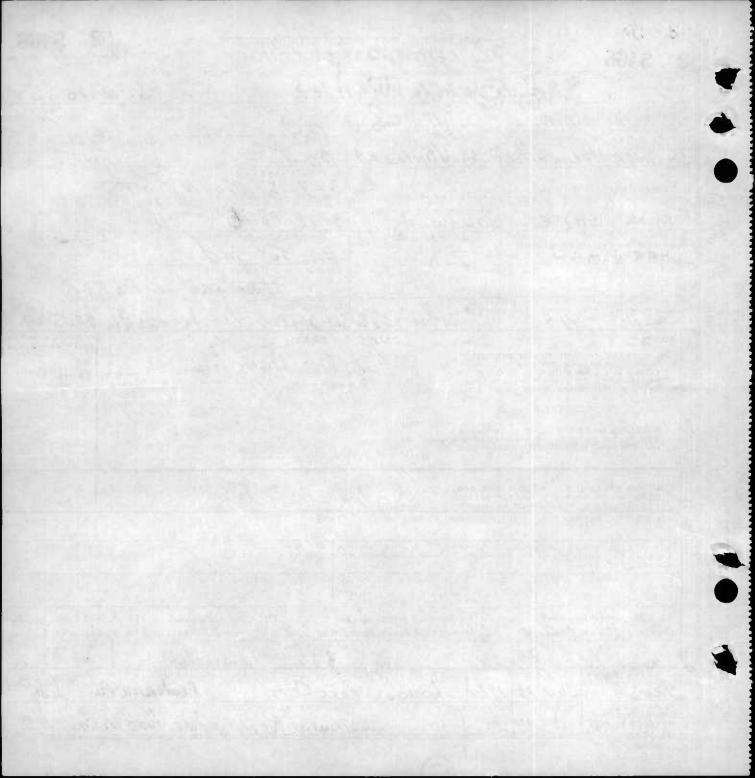
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H	2	HOO BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	5465			
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ly s	B. HC	A. STATE NAME OF (If not in hospital or institution, give street address or location) C. CITY OF TOWN OF OUT	before admission)			
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TTE PE		22. I hereby certify that I attended the deceased from May 3, 19529, to June 9, 1952, that deceased alive on June 8, 1952, and that death occurred at 7 Pm., from the causes and on the day 238. SIGNATURE	te stated above.			
PLEAS.	2	BURIAL CALMA LAB. DATE 24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION CONTROL OF COUNTY OF COU	anty) Sate			
PLE, corre		DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE Williams My Gor Draid Still	ane.			



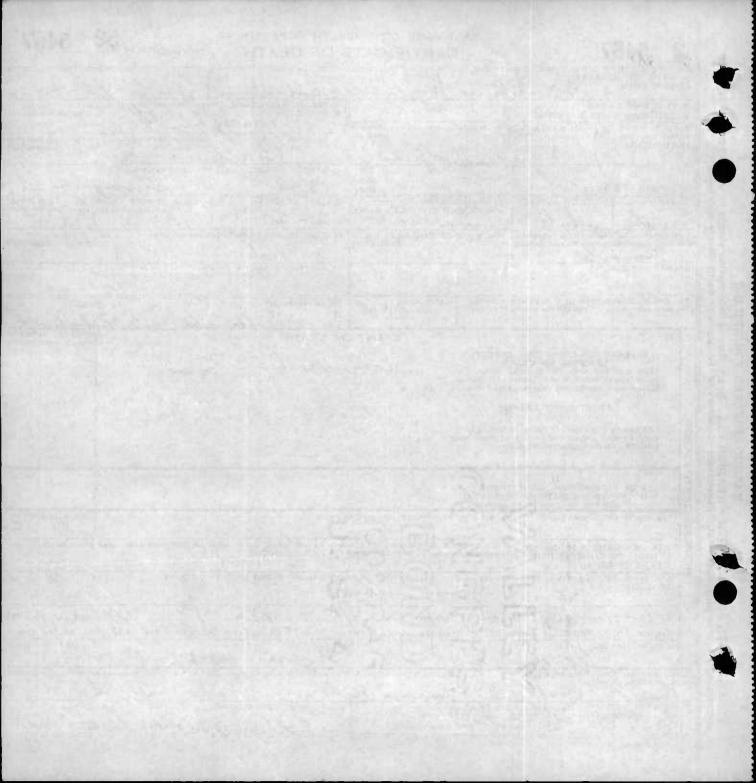
W-	160 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	2 5466
1.	NAME OF DECEASED MRS. GENEVIEVE WEAVER 2. DATE OF DEATH JUN	10:52
	PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If inst. A. STATE B. COUNTY	itution : residence before admission)
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and le	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 8. DATE OF BIRTH 9. AGE (in years) If links with the state of the	
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. ; 0	ANTECEDENT CAUSES (B)	
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ally imp	2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK.	
re PL especia	22. I hereby certify that I attended the deceased from Att 1946, to June 10, 1952, ti	
s esp	deceased alive on fine 6, 1952, and that death occurred at 3 P. m., from the causes and on the causes and on the causes and on the causes are caused alive on fine the causes and on the causes are caused alive on fine the causes and on the causes are caused alive on fine the causes and on the causes are caused alive on fine the causes and on the causes are caused alive on fine the causes and on the causes are caused alive on fine the causes and on the causes are caused alive on fine the caused alive on fine the caused alive of the caused alive on fine the caused alive of the caused alive of the caused alive of the caused alive on fine the caused alive of the caused a	late stated above 3c. DATE SIGNED
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nd on the date stated above. 23c. DATE SIGNED ON PARK CE M FREDERICK PUR ADDRESS
Thes. J. Kenny Inc. 1600 Holling St VS 150



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	TH UNFADING INK. Every item of information should be c	sicians: please write the causes of death clearly and legion;
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outsouc APIS CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) -12-195 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) If outside corporate likils, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH last birthday) | Months: Days | Hours | Min. WIDOWED DIVORCED (Specify) married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Vansemyle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 01406 n. Wash 18. CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ī OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES NO 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-۵ LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK PL 195 that I last saw the 22. I hereby certify that I attended the deceased from. 19 32, and that death occurred at 2:10 Am., from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIREC LOCAL REGISTRAR VS 150

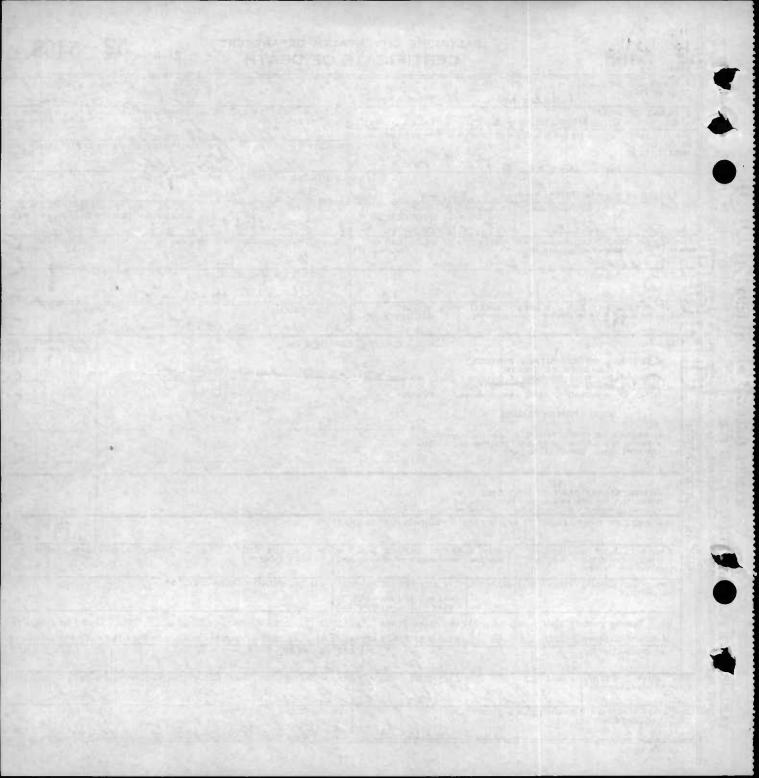


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2' BIRTH	54	68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

59	5468
Registered No.	0400

BIRTH NO.						
1. NAME OF DECEASED (Type or Print) Lochler	2. DATE June 12. 1952 OF DEATH 16-40 a.m.					
a. Baltimore City, Maryland 2 to Velley at B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before idmission)					
HOSPITAL OR INSTITUTION	C. CITY OR TOWN (I outside corporate limits, write RURAL and give township)					
Yrs.	D. STREET ADDRESS (If rural give location)					
c. Length of stay in Baltimore 3 Mos. Days 5. SEX [6. COLOR OR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours					
WIDOWED DIVORGED (Specify)	9 last birthday) Months: Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if refixed) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
ambrose Lochler	& by abouth Halblait					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, givo war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
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injury or complication which caused dcatb.) DUE TO	T. O. D					
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UNDERLYING CONDITION LAST. (C)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY7					
21a. ACCIDENT WAS UNDER- CLYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., to CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
22. I hereby certify that I attended the deceased from June 1 , 1952, to June 12 , 1952, that I last saw the						
deceased alive on fine 11-, 1952, and that death occurred at 40 Am., from the causes and on the date stated above.						
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24a. BURIAL, CREMA- TION ATMOVAL (Specky) 6/14/52 24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTERS SIGNATURE LOCAL REGISTERS The start Williams M. R.	25. FUNERAL DIRECTOR JAPORESS PARTON PA					
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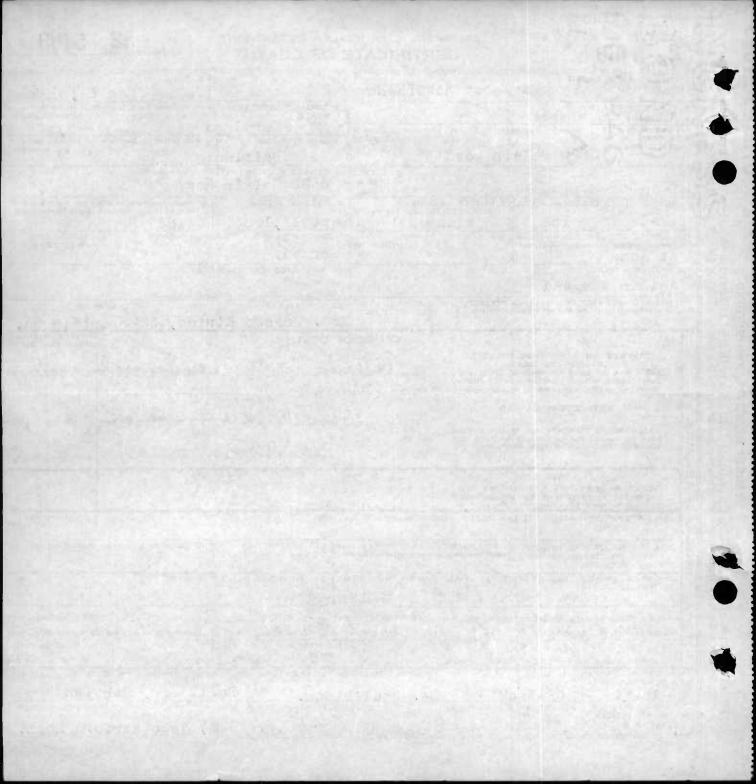
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5469

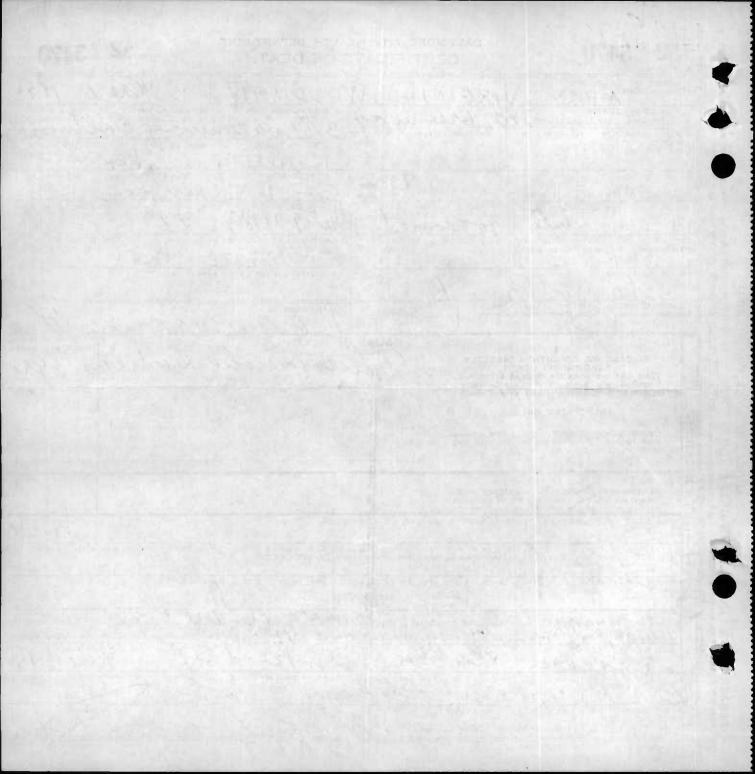
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A. Balt		y, Maryland				A. STATE	B. COUNTY	d. If institution: residence before admission
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c. Len	gth of sta	y in Baltimore			Yrs. Mos. Days	b. STREET ADDRESS 5522 Belai)
5. SEX		.color or RACE	WIDOW	MARRIED. ED, DIVORCED .dowed		Sept 13.1863	9. AGE (In year last hirthday)	Months Days Hours M
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13. FA	THER'S NA	ME Viegand				14. MOTHER'S MAIDE	N NAME	
15. WA	S DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY		17. INFORMANT Mrs. Joseph	Kirton, 552	ADDRESS
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					zenral gel Sembita	Intervolle	Many 19
ш	TRIBUTING T	NIFICANT CONDI TO THE DEATH, BUT EASE OR CONDITION	NOT RELATE	D				
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	22. I hereby certify that I attended the deceased from deceased alive on 1952, and that death occur				7 1949, to		952, that I last saw on the date stated abo	
23/	SIGNATU	1 R. S	izhi	L M	I. D.	57/3 B	lain	23c. DATE SIGN
B	BURIAL, CR EMOVAL (Spe Urial	6/14/	52	St. Pa		s Cem.	Baltimore,	Maryland
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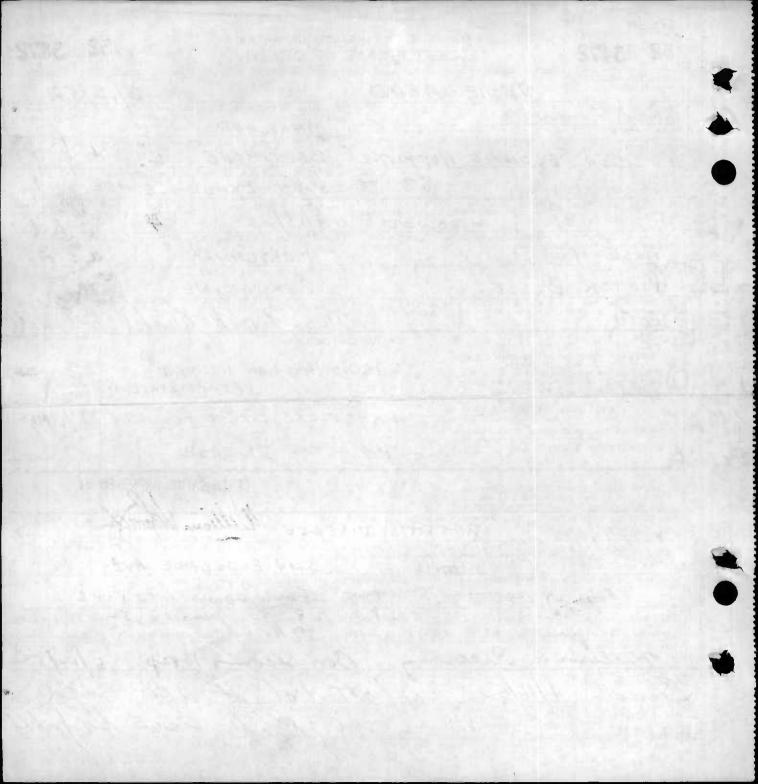
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11=	BIRTH NO.
	Type or Print) MARY VIRGINIA WALDMAIN 2. DATE OF DEATH JUNE // 1952
	B. PLACE OF DEATH: A. Baltimore City, Maryland 340 Greenway A. STATE B. COUNTY B. COUNTY B. COUNTY B. COUNTY B. COUNTY C. C
	HOSPITAL OR location) C. CHY OR TOWN (If outside corporate limits write RIBRAL and of the
	NSTITUTION (township)
-	Yrs. D. STREET ADDRESS (If rural, give location)
	E. Length of stay in Baltimore
	5. SEX 6. COLOR OF BACE 7. SINGLE, MARRIED. WIDOWED DIVORCED Specify) DATE OF BIRTH 9. AGE (In years of Units 1 Year Min. Winders) Days Hours Min.
W	10A. USUAL OCCUPATION (Give kind of prk done during most of vorking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) WHAT COUNTRY?
	13. FATHER'S NAME
_	Harry Parrich :
0	(cs, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
-	18. 11.2 0.0 CAUSE OF DEATH A INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	(This does not mean the mode of dying, e.g., (A)
ı	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO
	ANTECEDENT CAUSES
MOLEVOLETICA	DISEASES OR CONDITIONS, IF ANY, GIVING
- -	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)
0.10	
FO	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED
110	TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY2
Cicla	218. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (a, in or 2 cl., where DID (If in Battimore City, give exact location) 1 LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?
N	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WALE AT WORK
1	22. I hereby certify that I attended the deceased from January, 19 5to flore 1/, 195 that I last saw the
	deceased alive on fline 1, 195 2, and that death occurred at 11 MP, friff the causes and on the date stated above.
	23A. SIGNATURE THE SIGNATURE OF SIGNATURE SIGN
-	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town/or county) (State)
	Quille 6/1452 tarkwood Dala Mal
	DATE RECEIVED BY REGISTRAR'S SIGNATURE. LOCAL REGISTRAR Tuntington Williams M. 25. FUNERAL DIRECTOR 6305 Harrord
	JUN 121952 Tuntington Vallagues, M. J. Ruck 5305 Harford

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1	ASI RITE PI LY WITH UNFADING INK. Every item of information should be c.	ect age is especially important. Physicians: please write the causes of death clearly and legibly

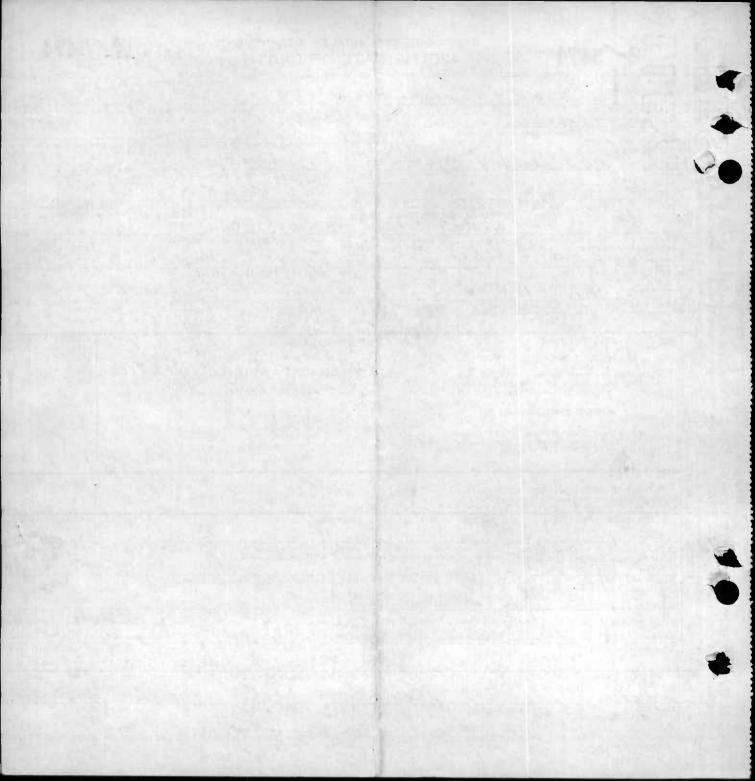
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

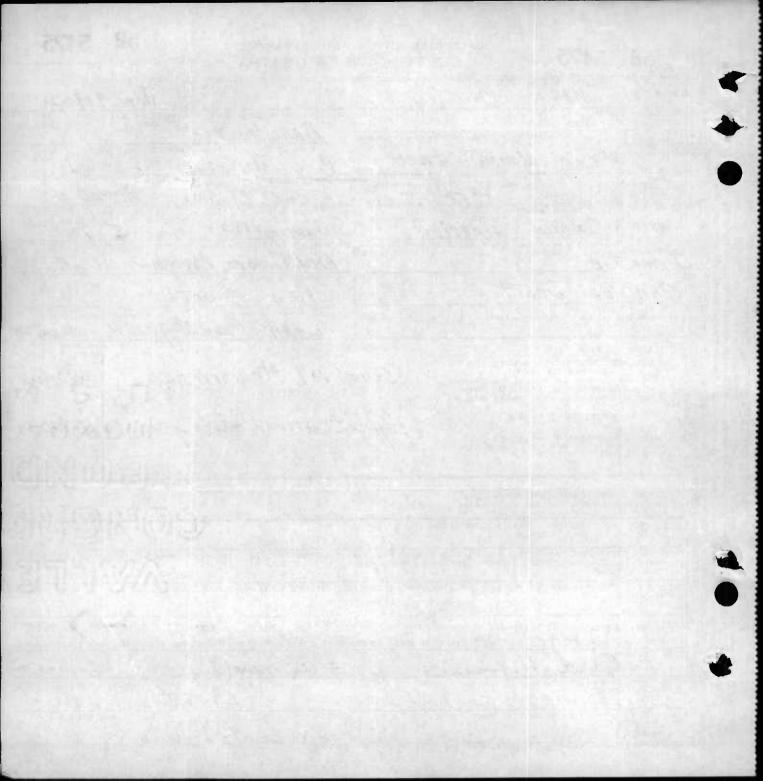
	59	5473
Registered	No.	1410

BI	RTH NO.	52-1161	04				
1.	NAME OF D	ECEASED				2. DATE	
12.	pe of Time,	Nize	r, Jean			OF DEATH June	11. 1952
	PLACE OF D Baltimore	City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, I B. COUNTY	lf institution: residence before admission)
HC	SPITAL OR	OF (If not in hospit	al or instituti	ion, give street address or location)	c. CITY OR TOWN (If	outside corporate lim	nits, write RURAL and give
4		St.	Joseph!	s	Baltimo	ore Z	7-/ (bwnship)
7	*			Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of s	stay in Baltimore	20 d	Mos. Days	706 E.	Cold Spring	Lane
5.	SEX	6. COLOR DR RACE	7 SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	# Under I Year # Under 24 Hours Months Days Hours Min.
	F.	W.		ngle	May 22, 1952	last birthday) h	20 Hours Min.
10.	. USUAL OC	CUPATION (Givekinder		OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
ork	dooe during most	of working life, eveo if retired)	2 18 10	INDUSTRY			WHAT COUNTRY?
13	FATHER'S	NAME			Marylar 14. MOTHER'S MAIDEN N	ad	
16	WAS DECEAS	George Bernard	d Nizer	1.10.0004	Theresa Eliza	abeth Schupn	ier
Yes	oo or ooknowo)	ED EVER IN U. S. ARMED	of service)	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No						
	18. 7/ 7	. 5		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY				DNSET AND DEATH
		LEADING TO DEA	TH	T	ulmonary atelects	ania	
	heart fail	s not mean the mode oure, asthenia, etc. It mea	of dying, e. g	č., (A)	MINDIAL Y BUSIECE	1.2.4.2	
	injury or	complication which	aused death	.) DUE TD			
		ANTECEDENT CAUS	SES				
Z				(B)	rematurity.	***************************************	
2	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	IG IE DUE TO			
RIFICATION	UNDERL	YING CONDITION LA	ST.				
2							
		11		(C)			
T L		SIGNIFICANT CONDI					
ני	TO THE D	SEASE OR CONDITION				***************************************	
J	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION	- 50	20. AUTOPSY?
4							YES ND
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLA	CE OF INJURY (e. g., ic arm, fectory, street, office bldg., e	or 21c, WHERE DID (1	if in Baltimore City,	give exact location)
		(
2		(Month) (Day) (Year)	(Hour) 2	21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
				WORK AT WORK			
					22, 1952, to Jui		
	deceased a	live on June 11,	, 1952	and that death occur	red at 4:45p.m., from t	he causes and on	the date stated above.
	23A. SIGNA	TURE	1 2 0	2	3B. ADDRESS		23c. DATE SIGNED
		10	2/3/2	M. D. 7	1,00 M Caroline S	St.	June 17, 1952
24	A. BURIAL.	CREMA- 24B. DATE	-1-1/2	24c. NAME OF CEMETE	RY DR CREMATORY 24D. L	OCATION (City, tow	n, or county) (State)
-	wie a	Asses 6	2-1953	Holy Ru	doner Vi	Ralton	had
	TE RECEIVE	D BY REGISTRAR	SSIGNATU		25, FUNERAL DIRECTOR		ADDRESS
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he	В	T A W A	E OF DEATH Registered No.	5474
ied.	1.	NAME OF DECEASED Ype or Print) MARY LEACH	2. DATE OF OF DEATH 6/9	1/52
-	A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)
lly s	H	OSPITAL OR Jocation		rite RURAL and give
R BINDING em of information should be ca causes of death clearly and legibly	C	Length of stay in Baltimore Mos. Days	D. STREET ADDRESS (If rural, give location)	ST
	5	SEX ALE 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify MARRIED)	8. DATE OF BIRTH 9. AGE (In years) If Under	s Days Hours Min.
	10 wor	A. USUAL OCCUPATION (Givekind of A done during most of working life, oven if retired) HOME TIME	11. BIRTHPLACE (State or foreign country) 12 5001 H CAROLINA	CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME LOTTIE COOLE	- y
	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? e, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDI	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Teurni Deart Désense	ONSET AND DEATH
VITH tant.	CAL	19a. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPE	RATION	YES NO
Ly VI importar	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURE	,etc.) INJURY OCCUR?	exact location)
		OF INJURY WHILE AT WORK AT WORK		
PLEASE SITE PL.	D.	22. I hereby certify that I attended the deceased from Machine and Machine 1952 and that death good 23A. SIGNATURE M.D. M.D. AAA BURIAL. CREMA-/24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify) 25/5-7 ATE RECEIVED BY REGISTRAR'S SIGNATURE AND MICH. CREMETICAL REGISTRAR	we -5, 1952, to June 9, 1952, to red at 10 P.m., from the causes and on the causes and on the causes and on the causes are all a sure of the causes and on the causes are causes and on the causes and on the causes are causes are caused and ca	3c. DATE SIGNED 6-12-52
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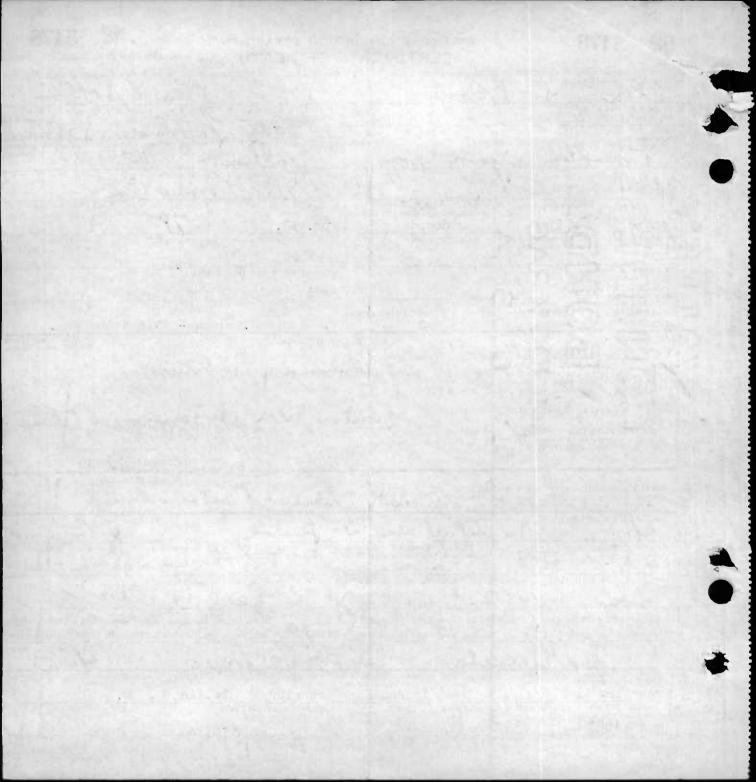




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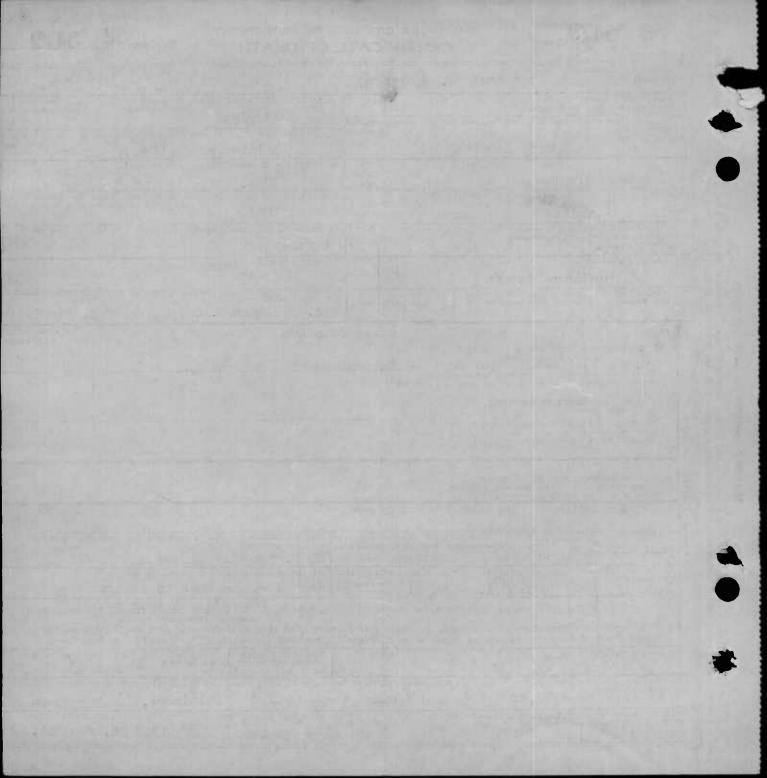
F. 3	Pi	20	× 52 54"/7 ·
1	10	.)6)9//	HEALTH DEPARTMENT
the	-	IRTH NO.	TE OF DEATH Registered No.
ed.		NAME OF DECEASED (Spe or Print) Martla Ewing	2. DATE OF DEATH 11 me 1952
Ä		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
Illy s	H	FULL NAME OF (If not in hospital or institution, give street address OSPITAL OR locati	
	IN	Lutheran Hospital of Maryland Inc.	Dondalk, Baltimore township)
ca	14	Length of stay in Baltimore	18. 10117 Suntern Rd # 22
VDING information should be can of death clearly and legibly		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific Procedure)	8. DATE OF BIRTH 9 AGE (In years) If Under 1 Year If Under 24 Hours
	10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
n sh clear	work	A down during most of working life, even if retired) HOUSE WIFE 140ME	
BINDING of information uses of death c	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15		17. INFORMANT ADDRESS
	00	(If yes, give war or dates of service) SECURITY NO	Wm F Eng 1947 Sulmy Roll
E m	3	18. 443X 1 CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
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24		ANTECEDENT CAUSES	1. + . 1. + 4:
RESERVED INK. Even please write	TION	DISEASES OR CONDITIONS, IF ANY, GIVING	Willows it want the that
	CAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
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MARGIN UNFADING Physicians:	121	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	islelyptilise Rt bover lase U days
н.	0	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION 20/AUTOPSY?
TTH tant.	CA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.	g, in or 21c. WHERE DID (If in Baltimore City, give exact location)
LY	EDI	HOMICIDE (Specify) about home, farm, factory, street, office bl	
S.H	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	
Lially		m. WHILE AT NOT WA	RK 🔲
TE PI especia		22. I hereby certify that I attended the deceased from 9	June, 1954 to 11 June, 1952 that I last saw the curred at 6:45 Pm., from the causes and on the date stated above.
LITE is esp		deceased alive on //) have , 19 52, and that death oc	23B. ADDRESS 23C. DATE SIGNED
20	24	4A. BURIAL GREMA- 24B. DATE 24G NAME OF CEME	Lutheran Hospital, Balto 11 hne's-2 JERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
ASE ect a	Tic	Bust pecify) un 14/52 Oak	ans Balto Co
PLEASE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
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1.	NAME OF I		ATTUS	W. DIEPGI	EN	2. DATE OF June 12, 1952	
	. PLACE OF I			2,224		4. USUAL RESIDENCE (Where deceased lived. If institution; residence	
H	FULL NAME OSPITAL OR ISTITUTION	OF ''f not in hospit Mercy I			4 1 -	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and towns Baltimore //- 0 2	
c.	Length of	stay in Baltimore	1		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 20 W. Franklin Street	
	sex nale	6.COLOR OR RACE	WIDOV	e, MARRIED. WED, DIVORCED (S Tied	nacify) E	8. DATE OF BIRTH 9. AGE (in years Months Veer Months Veer Mours Months Days Hours Months Days Hours Months Days Months Mon	Kour
WOL	A. USUAL OCA done during most	CCUPATION (Give kind of cof working life, even if retired)	108. KINI	D OF BUSINESS (DR 1	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT	TRI
	FATHER'S		gen		1	14. MOTHER'S MAIDEN NAME Unknown	
15 (Ye	5. WAS DECEAS	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY		17. INFORMANT Mrs. Marianne D. Smith, Fairfax, Virgini	ia
RTIFICATION	RISE TO UNDERL	ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI	F ANY, GIVE STATING T ST.	NG HE DUE TO (C)			
CE		OF OPERATION 1.		FINDINGS OF	OPERAT	ATION 20. AUTOPSY	V
MEDICAL	21D. TIME	NAL CAUSE WAS IG A OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home,	ACE OF INJURY farm, factory, street, office garage 21E. INJURY OCC	bldg.,etc.)	tor 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 20 W. Franklin Street	
		ify that I took char	ge of the	remains describ		Hooked vacuum hose to exhaust pipe bove, held an inspection & inquiry thereon and fr Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated abo	
2/	and de	ture // Sov	resulted ;	from: natural e	auses [M.D.	D. MEDICAL INVESTIGATOR	2
TIC DA	AA. BURIAL, DN, REMOVAL (S DUTÍAL ATE RECEIVE DCAL REGIST	6/14/52 D BY REGISTRAR:		New Cathe	dral	1 Cemetery Baltimore, Maryland 25. FUNERAL DIRECTOR ADDRESS Location (City, town, or county) (State of County) (State of City, town, or county) (State of City, town	ite)
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BALTIMORE CITY HEALTH DEPARTMENT

	52	5480	
ristered	No	0,00	

BIRTH NO.	CERTIFICAT	E OF DEATH	- Registered N	To
I. NAME OF DECEASED	nn T. Grape		2. DATE OF DEATH June	12, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	NCE (Where deceased lived, If B. COUNTY	
B. FULL NAME OF (If not in hospital or INSTITUTION) 640 Gutman	institution, give street address or location) Avenue	Maryland c. city or town Baltimore	(If outside corporate limit	s, write RURAL and give township
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRE		
5. SEX 6. COLOR OR RACE 7. male white	SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 1, 1873	last birthday) Mo	Under I Year If Under 24 Hours nths Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Maker - Ret		11. BIRTHPLACE (S	, Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME William H. Gra	ape	14. MOTHER'S MAI		
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give wer or dates of se	ervice) 16. SOCIAL SECURITY NO. 273-03-3102	17. INFORMANT William H.	Grape, 640 Gutma	n Avenue
(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST.	AME, e. g., (A)	Liovase.	Reval disease laster	ios (4) Many ys
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAN	RELATEO			
. 19A. DATE OF OPERATION A 198.	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING obout home, ferm, feetory, street, office bidg., etc.) 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING obout home, ferm, feetory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or low obout home, ferm, feetory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK MOT WHILE AT WORK				
deceased alive on the 1 attend	led the deccased from 952- and that death occu	March , 1952 rred at 130 m.		2, that I last saw th
abram Ho	ldman M.D.	206 5.	Jelmos SX.	June 12, 19:
24A. BURIAL. CREMA- TION. REMOVAL (Specify) burial 6/14/52	24c. NAME OF CEMETE Baltimore		Baltimore,	or (State) Maryland
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR		25. FUNERAL DIRE		ADDRESS St. Paul St.

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		E OF DEATH Registered No.	5481	
E	BIRTH NO.	E OF DEATH		
('	NAME OF DECEASED Type or Print) PAUL L. MOORE	2. date OF DEATH June 11	, 1952	
A	B. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE Maryland B. COUNTY	itution : residence before admission	
-	. FULL NAME OF — ©f not in hospital or institution, give street address or location) NSTITUTION NSTITUTION		rite RURAL and giv	
	Sinai Hospital	Baltimore 8-0	township	
	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)		
	Length of stay in Baltimore Days 6. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED.	1841 N. Chapel Street 8. DATE OF BIRTH 9. AGE (In years) It Window	r 1 Year It Under 24 Hour	
L	male White WIDOWED, DIVORCED (Specify)	May 10, 1894 58	Days Hours Min	
WOI	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) ONSE Painter	11. BIRTHPLACE (State or foreign country) 12 Maryland	CITIZEN OF WHAT COUNTRY	
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Henry G. Moore	Annie B. Davis		
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 68. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR		
	no R13-14-4276	Catherine E. Moore, 1841 N. Cha	pel Street	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH y_occlusionial infarct	INTERVAL BETWEE	
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ized arteriosclerois s mellitus		
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.			
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EDICAL	UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., e	n or 21c. WHERE DID (If in Baltimore City, give the.) INJURY OCCUR?	exact location)	
ME	UTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRIOF INJURY WHILE AT WORK NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?		
	22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and Jeath in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the d	hereon and from	
-	23A. SIGNATURE MANUEL M	238. CHIEF MEDICAL EXAMINER	e 12, 1952	
	244. BURIAL. CREMA- TION, REMOVAL (Specify) 6/14/52 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) Moreland Park Cemetery Parkville, Maryland			

Moreland Park Cemetery

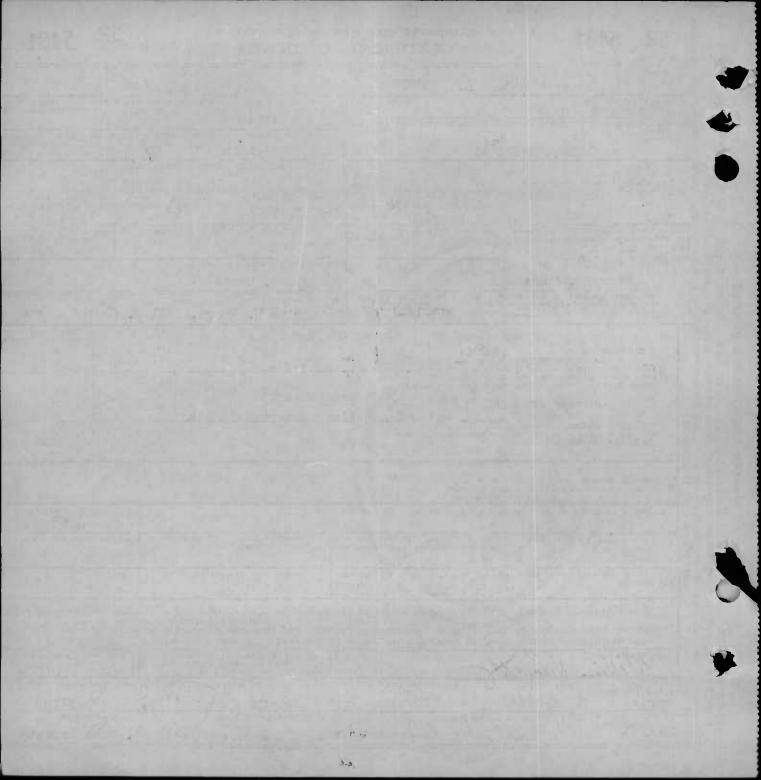
Maryland ADDRESS

1217 St. Paul Street

VS 151

DATE RECEIVED BY

REGISTRAR'S SIGNATURE



BI	52 54 IRTH NO.	182			EALTH DEPARTMENT	Registered No	5482
1. (T	NAME OF E	DECEASED	Anna Vo	ogt Meyer		2. DATE OF DEATH June	10, 1952
	Baltimore	City, Maryland			4. USUAL RESIDENCE (Whe	ere deceased lived. If in B. COUNTY	stitution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital) 3722 Rexme		on, give street address or location)	Maryland c. CITY OR TOWN (If ou Baltimore	itside corporate limits.	write RURAL and give township)
		stay in Baltimore		40 Yrs. Mos. Days	b. STREET ADDRESS (If run 3722 Rexmere		
	sex Female	6. COLOR OR RACE White	WIDOWE	MARRIED, ED, DIVORCED (Specify) Ldowed	Oct. 1, 1882		nder I Year If Under 24 Hours the Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) At Home			11. BIRTHPLACE (State or fore Baltimore Cou		2. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Vogt					14. MOTHER'S MAIDEN NAM Margaret 1		
15 Ye	5. WAS DECEAS os, no or-unknown)	ED EVER IN U.S. ARMEE (If yos, give war or date	FORCES?	16. SOCIAL SECURITY NO.	John H. Meyer 372	22 Rexmere Ro	oress oad
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO					Notine Vacalor	5 years	
にという	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
IV.	210, TIME OF INJURY	(Month) (Day) (Year)	W	1E. INJURY OCCURRE		OCCUR?	
	22. I hereby certify that I attended the deceased from May, 1947, to June, 1977, that I last saw the deceased alive on 1972, and that death occurred kt. 7:30 P.m., from the causes and on the date stated above.						

TE PLAN TE TE Specially important.

Every item of information should be car write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

correct age'ls PLEASE

23A SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 248 DATE

24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

240. LOCATION (City, town, of county)

DATE RECEIVED BY LOCAL REGISTRAR

6.14/52 REGISTRAR'S SIGNATURE

DIRECTOR

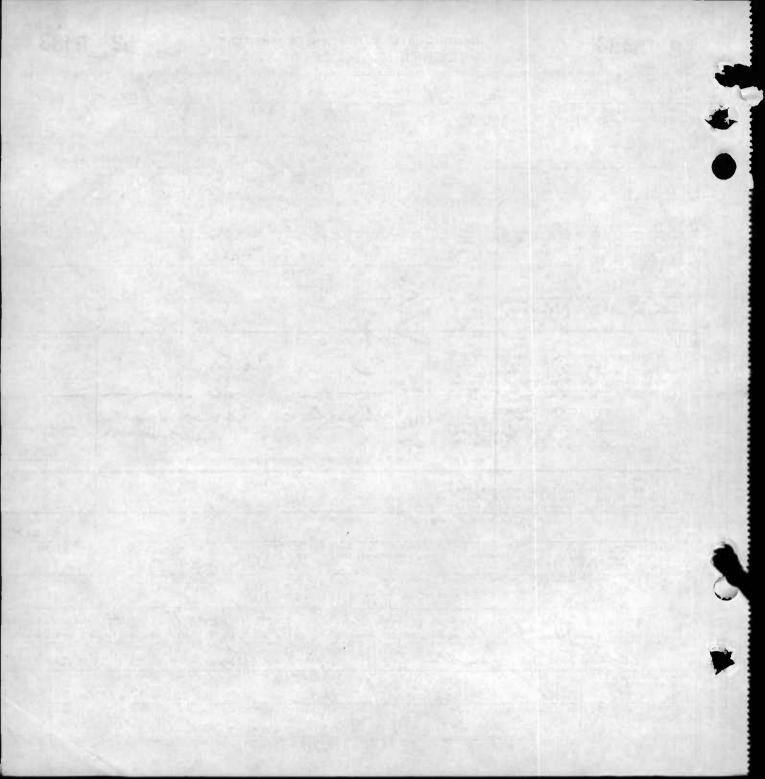
238. ADDRESS

Pikesville, Maryland.

VS 150



DEATH JUNE-11-195 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY (if outside corporate limits, write RURAL and give o. STREET ADDRESS (If rural, give location) AGE (In years | Il Under | Year | Il Under 24 Hours last birthday) | Months | Days | Hours | Min. AGE (In years) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1952 that I last saw the 9.50 m., from the causes and on the date stated above. 23c. DATE SIGNED BALTO. TREGERICKHUE.



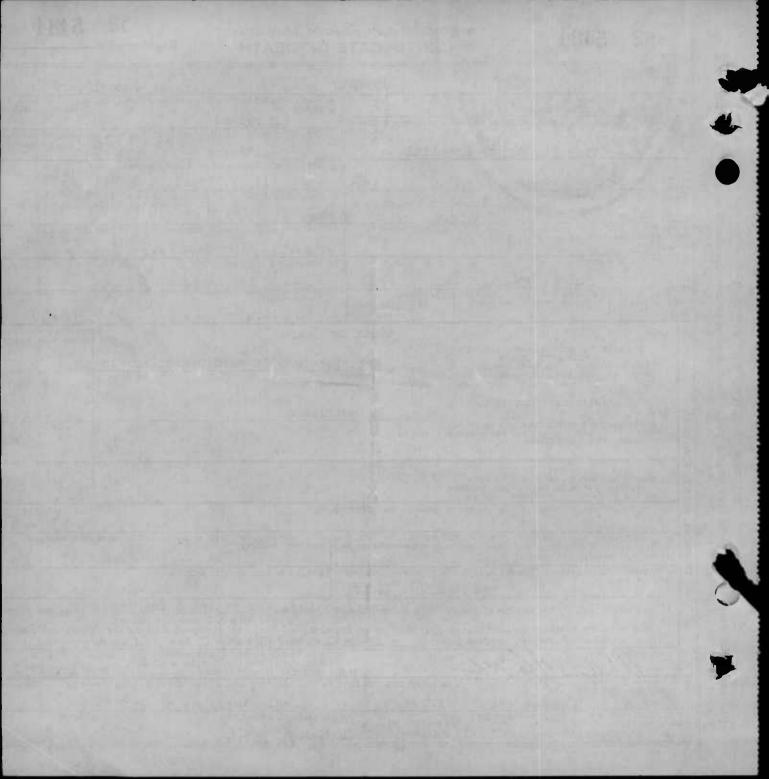
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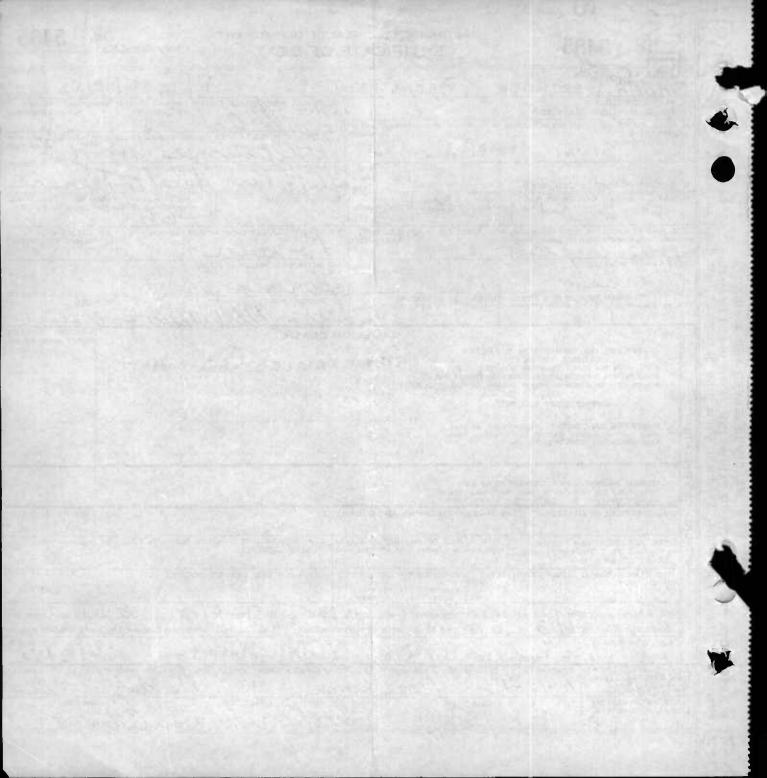
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DATE OF THE PROPERTY OF THE PR	. Every iten	write the ca
	G INK.	: please
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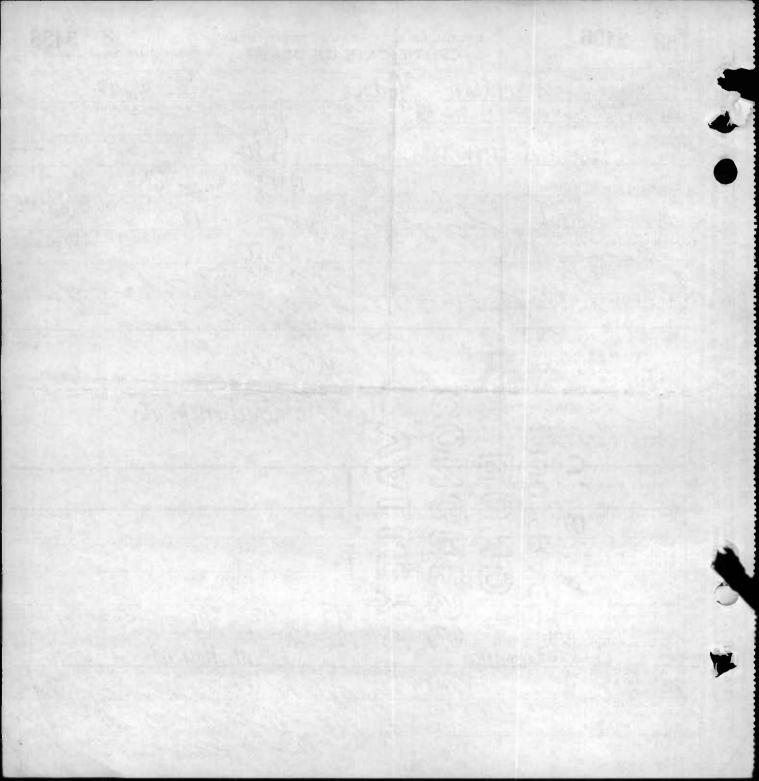
5484	BALTIMORE CITY HEALTH DEPARTMENT
3404	CERTIFICATE OF DEATH

52 5484
Registered No.

1	BIRTH NO.	E OF DEATH		
	. NAME OF DECEASED Type or Print) TOUNG	2. DATE		
	MATILDA JOHNS	ON DEATH June 10, 1952		
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)		
	FULL NAME OF "If not in hospital or institution, give street address of			
	IOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
	Franklin Square Hospital	Baltimore /8-02 township		
	Yrs.	D. STREET ADDRESS (If rural, give location)		
	Length of stay in Baltimore Lifetine Days	1113 W. Franklin Street		
1	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours		
	Female Colored W: Co W	manch 18 18/65 last birthday) Months: Days Hours Min.		
	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF		
1	rk done during most of working life, even if retired) House Wife	Baltimace, Manyland WHAT COUNTRY		
I	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	John Brown	Sarahdacksin		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL			
II (A	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.			
-	In-market and the second secon	Nohn Johnson 1113 W. Franklin St. Bultone		
	18. 422.1 CAUSE	OF DEATH		
-	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	riosclerotic cardiovascular disease		
	injury or complication which caused death.) KNEXTOX			
	ANTECEDENT CAUSES			
z	(D)	utrition		
∥ <u>Ö</u>	DISEASES OR CONDITIONS, IF ANY, GIVING ORISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) (C)			
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100				
RTIF	OTHER SIGNIFICANT CONDITIONS CON-			
ER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?		
AL		YES NO X		
0	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- about home, farm, factory, street, office bidg.			
	UTING CAUSE OF DEATH.			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?		
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK			
		above held an Inspection & Inquiry thereon and from		
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and fr			
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes \(\mathbb{Z} \), accident \(\mathbb{L} \), suicide \(\mathbb{L} \), homicide \(\mathbb{L} \), undetermined \(\mathbb{L} \).				
	23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED		
	11th Clark	ASSISTANT MEDICAL EXAMINER		
2	4A. BURIAL, CREMA- 24B. ATE 24C. NAME OF CEMETE ON REMOVAL (Specify)			
TI	15. 1. 1 1 1 nont // /	as its west in the		
10	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS		
1 -	OCAL REGISTRAR Huntington Williams Mo?	Cambrall 12 h Mulas Bush		
1	A profit of the second of the	To port Iluso /200 his willing It Dallage		
11 /	S 151			

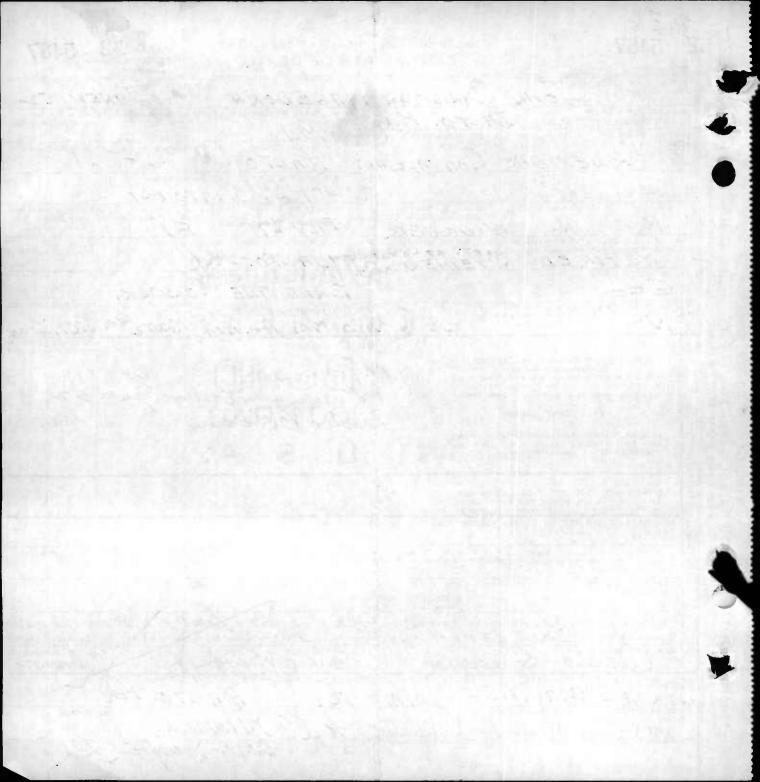






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52	5487 BALTIMORE CITY HE		
E	CERTIFICATE	E OF DEATH Registered No. 1407	
	NAME OF DECEASED JOHN CHRISTIAN H	AGEDORN 2. DATE OF DEATH JUNE 11, 52	_
	Baltimore City, Maryland BALTO. Md.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE, B. COUNTY before admissi	
1 1-	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	c. CITY OR TOWN (If outside comparate limits, wrigh PriRAL and g	give
6	PINERIDE COTUALISANT.	BALTO. LO 1 townsh	
9	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years Munder I Year Munder 24 h last birthday) Months; Days Hours; M	ouis in.
-	OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	_
wo	rk done duningmost of working life, even if retired) SPF. 47 Col NOUTRY STEINERT	WHAT COUNTE	RY?
1	3. FATHER'S NAME	ERNESTINE OBOSKI	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS	=
(1	os, no or untoowo) (If yee, give war or dates of service) SECURITY NO. 2/2-/6-272	MRS AUGUSTIA KONTZ 401 S.CliNTO	X
	18. 422.1 CAUSE CAUSE OF CONDITION DIRECTLY	OF DEATH INTERVAL BETWE	
	(This does not mean the mode of dying, e.g.,	pearded Que 4 1949	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Musicay Osdera Junio 52	
Z		no selectoris 1949	
OLL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FICA	(C)		
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	ATION 20. AUTOPSY	7
DICAL		YES NO	
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, at reet, office bidg., et		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	21F, HOW DID INJURY OCCUR?	
	m. work L AT WORK L	14 D 1046 , Den 11 1052 11 11	
	deceased alive on 1950, 1950, and that death occur	red at Sam., from the causes and on the date stated abo	
	23A. SIGNATURE (POD) 1111 QUE	38. ADDRESS Seed & 23c. DATE SIGNI	ED
0 2 T	M. D. J BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETER MY REMOVAL (Specify) 12 24C. NAME OF CEMETER		
1	OLRIAL 1941/13/34 /MMANI	VC/ BALTO-MA	
	OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS	
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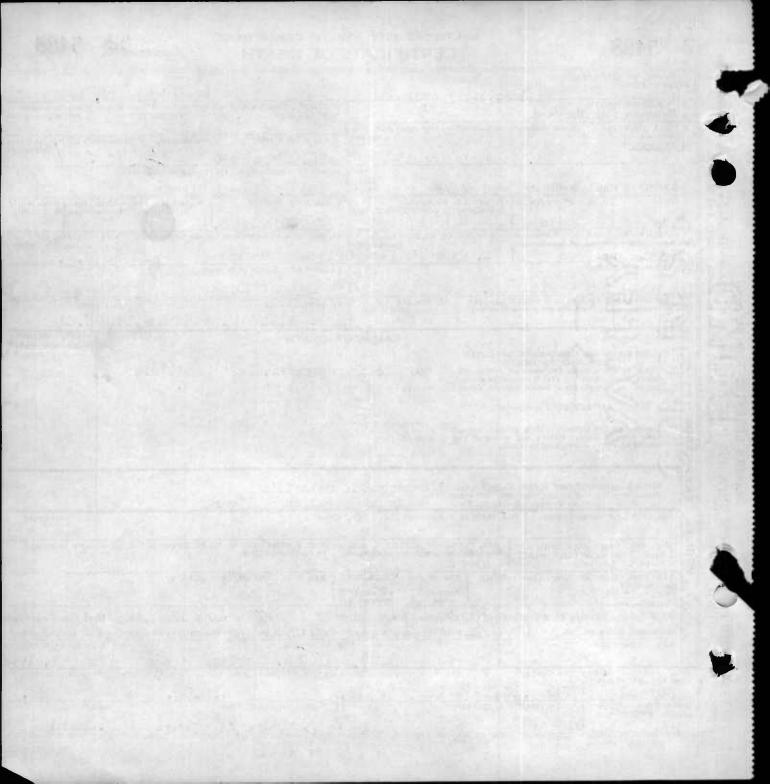


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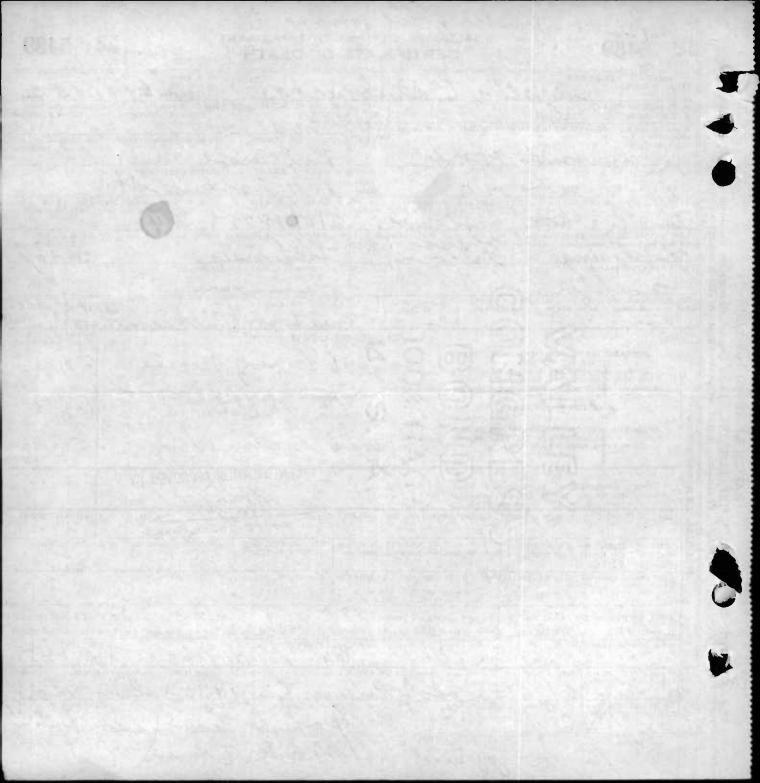
BALTIMORE CITY HEALTH DEPARTMENT

Registered Ro 5488

В	IRTH NO.				L O. BEATTI		
	NAME OF D	ECEASED				2. DATE	
		Fillm	an Har	cy Amos		OF DEATH JUNE	12, 1952
	Baltimore C	EATH: City, Maryland			4. USUAL RESIDEN	CE (Where deceased lived, I B. COUNTY	If institution: residence before admission)
В.	FULL NAME		i or institut	tion, give street address or			
	OSPITAL OR			location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give township)
	4-4	St. J	oseph	s Hospital	Baltimore	#30	7-01
				Yrs. Mos.		(If rural, give location)	
-		tay in Baltimore		ars Days		ment Street	
5	. SEX	6. COLOR DR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) N	Months Days Hours Min.
	Male	White		arried	May, 10, 19	03. 49	
MOL	k done during most o	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Maintenar		St. J	oseph's Hospit			U.S. /
13	B. FATHER'S N	IAME			14. MOTHER'S MAID	EN NAME	
		Fillm			Dont K	now.	
1: (Ye	MAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS ent .t.
					Mrs. Alene	M. Fillman, 1:	16 W.Clem-
	18. 490	Χ .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				DIASEL AND DEATH
	(This does	not mean the mode o	H dving a	Loban	pneumonia, la	ft lower lobe	
	heart failu	re, asthenia, etc. It mea:	ns the diseas	se,			
	injury or	complication which c	aused death	L) DUE TO			
		ANTECEDENT CAUS	ES				
Z	DISTASES	OR CONDITIONS, 18	ANY OUG	(B)	***************************************		***************************************
F	RISE TO TI	HE ABOVE CAUSE (A)	STATING TI				
X	UNDERLY	ING CONDITION LA	ST.	(C)		***************************************	
RTIFICATION							
F	OTHER S	II IGNIFICANT CONDI	TIONS CDI	. Hemorrhagi	c nephritis		
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATI		meration of 1:	ver	
U				FINDINGS OF OPER			20. AUTOPSY?
CAL		7					YES NO
DIC	21A. ACCID	ENT WAS UNDER-		ACE OF INJURY (a. g., i			give exact location)
Ш	CAUSE OF	CONTRIBUTING DEATH	about nome,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	210. TIME (Month) (Day) (Year)	(Ilour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	NJURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK		*	
							52 that I last saw the
			, 19_52.			rom the causes and on	
	23A. SIGNAT	TUBE	>_	2	3B. ADDRESS	24 01	23c. DATE SIGNED
_	At BURIAL C	17 100	12/	м. р.		oline Street	June 12, 1952
	4A. BURIAL. CON, REMOVAL (S		0	24C. NAME OF CEMETE		4D. LOCATION (City, tow	n, or county) (State)
	Burial	1 0 00220 3 2	8,195	L Holy Cros.	,	A.A.Co.	Ma.
	ATE RECEIVED		SIGNAT	JRE	25. FUNERAL DIREC	TOR	ADDRESS
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D-	10	To be appeared & meled on	EALTH DEPARTMENT 5	2 5489
The		RTH NO.	E OF DEATH Registered No.	0300
lea	(T;	ype or Print) agatha & Duba	uskas OF b/1	1/5-2
Ilda	A.	PLACE OF DEATH: Baltimore City, Maryand FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY B. COUNTY	before admission)
olly :	HC	SPITAL OR STITUTION location)	C. CITY OR TOWN (If outside corporate limits,	weite RURAL and give township)
greaty	3	Yrs.	D. STREET ADDRESS (If rural, give location)	
be d		Length of stay in Baltimore 4 Down SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		der 1 Year If Under 24 Hours
ld	7	remale white wilowed (Specify)	2/57/888 64	hs Days Hours Min.
IDING information shoul of death clearly	work	A. USUAL OCCUPATION (Give kind of done during more of working life, even if retired)		2. CITIZEN OF WHAT COUNTRY?
r natio	13	FATHER'S NAME OPERATIVE CLOTTER, (N)	14. MOTHER'S MAIDEN NAME	
forn of de	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADD	ouse banda
BINDING of inform uses of dea	(10	s, no or naknown) (If yes, give war or dates of service) SECURITY NO.	Tues Leroy Wilkison &	rooklynase
Rem		18. 260 X I CAUSE OF CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
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RESERVED INK. Even please write		injury or complication which caused death.) DUE TO	11 2111	24 +
RESEI INK. please	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	tite Millies	271
REIGHT:	ATIC	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	about an teno schoos;	5gn+
MARGIN NFADING nysicians:	IFIC		CERTIFICATION APPROVED BY	
MARGIN UNFADING Physicians:	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RKE !	
H	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	CHIEF OR ASST. MEDICAL EXAMINER.	20. AUTOPSY?
WITH	DICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., it vinces of the control of	in or 21C. WHERE DID (If in Baltimore City, giv	re exact location)
O.	ME	CAUSE OF DEATH		
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK		
PI		22. I hereby certify that if attended the deceased from		that I last saw the
RITE PI			rred at 6:40 Pm., from the causes and on the	date stated above. 23c. DATE_SIGNED
	2	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, of	6-/3-52 r county) (State)
ASE	TIC	DN. REMOVAL, (Specify) 6/16/52 2 Lohe Red	comer Lem 4430 Belain	- Rd.
PLEASE correct a	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS OF ST
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	11	1. In we abbrever by	Morech (Emma 1	



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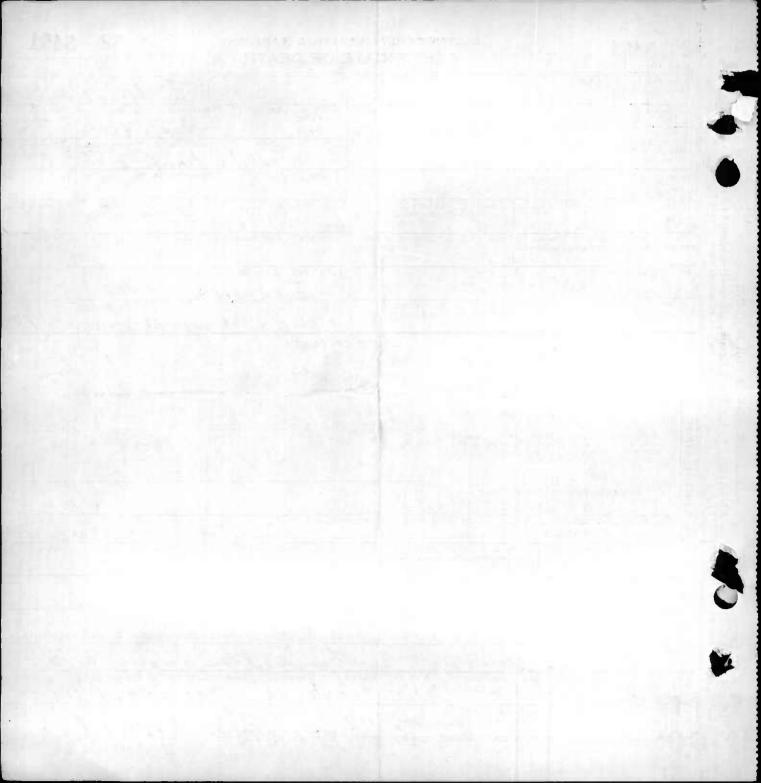
2 5490 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52 5490 Registered No.
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: a. Baltimore City, Maryland 36 B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION)	institution, give street address or 836 Van	2. DATE OF DEATH J.
me Baland	Yrs. Mos. Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years In Under I Year In Under 24 Hours Inst birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givakind of work done during most of working life, oven if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, so of nnknown) 18. 33/	CAUSE OF DEATH	O ADDRESS BL. INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF AND	ing, e. g., le disease, d death.) DUE TO (B) (B)	haze 6-8hs.
UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19B. N	NS CON. RELATED ISING IT.	20. AUTOPSY?
21A. ACCIDENT WAS UNDER- 2	18. PLACE OF INJURY (e. g., in or late to be left of the late to be left of the late to be late to	YES NO The Partition No No I
23A. SIGNATURE		he causes and on the date stated above And 23c. DATE SIGNED CATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S BI LOCAL REGISTRAR	GNATURE. STATURE 25. FUNERAL DIRECTOR Williams, My 25. FUNERAL DIRECTOR AMBORATOR AM	13ald ADDRESS Lyon, 6887. John W

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K-	3	5/1:41	TE OF DEATH Registered No.	5491
he	В	IRTH NO.	E OF DEATH Registered No.	
pa.		NAME OF DECEASED Type or Print) F/12 3 be th Kirkwood	2. DATE OF DEATH	15
y.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location		vrite RURAL and give
	"	Maryland Gen. Hosp.	White Haht	township)
ld be cand legibly	C.	Yrs. Moss. Days		00
and be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years) If Und	ler I Year H Under 24 Hours hs Days Hours Min.
NDING information should		DA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
atior th c	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	43,
NG orma dea		GEORGE KIRKWOOD.	ISABELLE CALRNES	5
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MRS. NORMAN SPEKER ABD	WESS MADON, MA.
=		18. 422,1 and 153x CAUSE	OF DEATH	INTERVAL BETWEEN
FO ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	e permensation.	2 days
ERV E W		ANTECEDENT CAUSES	ioselesolic Cardio vocala	W
N RESERVED NG INK. Ever s: please write	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	College Costs Vacales Character	Jan
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lee!	AL	194 PATE OF OPERATION 198 MAJOR FINDINGS OF OPE	RATION (henie obstrong	20. AUTOPSY?
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TE PL especial		22. I hereby certify that I attended the deceased from		that I last saw the
ITE esp		deceased alive on 1952, and that death occi	urred at 8. 59 m., from the eauses and on the	date stated above.
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PLEASE correct age	TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET ON, REMOVAL (Specify) 6/15/52 BETHEL RI	ESBATERIAN MADONNA,	Mp,
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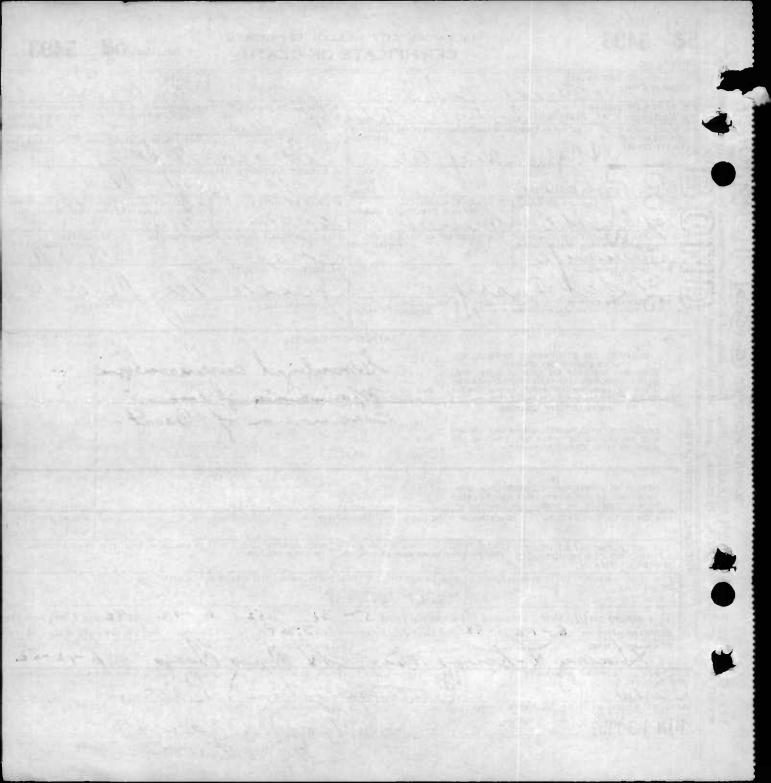
he (16 1904	HEALTH DEPARTMENT 52 5492 TE OF DEATH Registered No.
hed.	1. NAME OF DECEASED (Type or Print) Alfred Robert Louis Doh	me 2. DATE OF June 10, 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
Лув	B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address location) 5204 Roland Avenue	c. CITY OR TOWN (if outside corporate limits, write RULAL and give township)
e callegibly.	c. Length of stay in Baltimore	5204 Roland Avenue
d b	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spectrum of the color of the colo	8. DATE OF BIRTH 9. AGE (In years Il Under I Year If Under 24 Hours
n shoul	10A. USUAL OCCUPATION (Give kind of JOB. KIND OF BUSINESS OR work done during moet of working life, even life tired) Sharp & Dohme Kousti Executive: President. Mfg. Druggists	11. BIRTHPLACE (State or foreign country) Bal timore, Maryland 12. CITIZEN OF WHAT COUNTRY?
NDING information s of death cle	Charles E. Dohme	14. MOTHER'S MAIDEN NAME Ida Louise Schultz
R BINDING em of inform causes of des	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT Mrs. Paula C. Dohme - 5204 Roland Avenue
RESERVED FO INK. Every its lease write the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	neurysm of Corta 4 2005. Teriosclerotic Cardio Vas culor desine
MARGIN I UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CON- H TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY? YES NO
VITE	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bld	g, in or 21C. WHERE DID (If in Baltimore City, give exact location)
	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCUP OF INJURY WHILE AT WAR	
TE PI especial	22. I hereby certify that I attended the deceased from deceased alive on LUNIO, 1952 and that death occ	19 to June , 10 2 that I last saw the
	23A. SIGNATURE 9 Pellipse Of Welfrich D.	curred at 6 Mm., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 5006 Roland Avenue 6 - 10 - 52
PLEASE correct age	24a. BURIAL, CREMA 24B. DATE TION REMOVAL (Specify) Cremation 6 - 12 - 52 Greenmoun	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLE,	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR THIN 1 3 1952 Turturators Williams M.	John O. Mitchell & Sons, Inc1900 Eutaw Place
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BALTIMORE CITY HEALTH DEPARTMENT

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he	BI	IRTH NO. CERTIFICAT	E OF DEATH	Registered No.	0400
pp	1.	NAME OF DECEASED (Sype or Print) Catherine Mules)		2. DATE OF DEATH 6-12-	33
Pile	Α.	PLACE OF DEATH: Baltimore City, Maryland Authors of Hotel Party of	A. STATE	here deceased lived. If institut	ion : residence before admission)
ully s	H	OSPITAL OR STITUTION (STATE)		outside corporate limits write	RURAL and give township)
egnon	C.	Yrs. Mos. Days	1405 1	rural, give location)	31
and l	_	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify	8. DATE OF BIRTH	9. AGE (In years Under Y	
n should clearly ar	10 work	DA. USUAL OCCUPATION (Givekind of k done during most of working life, over if retired) New York (Sivekind of life in the life	11. BIRTHPLACE (State or fo		TIZEN OF HAT COUNTRY?
matic	13	B. FATHER'S, NAME	14. MOTHER'S MAIDEN NA	AME Drau par	an DI
infor	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	s
item of i		18. 170 X CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH		SET AND DEATH
Every i		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	manlined con	comometous	
-	z	ANTECEDENT CAUSES	enona of	Breast -	
4 14	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			
UNFADING Physicians:	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-		National	
Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.			
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ii. L	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY MHILE AT WORK AT WORK		OCCUR?	
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PITE s esp		deceased alive on 12, 19 32 and that death occu	23B. ADDRISS		e stated above.
00	24	4A. BURIAL, CREMA- 2-10. DATE AND NAME OF CEMET	ERY OR CREMATORY 24D. LO	OCATION City, town, or cour	-/2-52 nty) (State)
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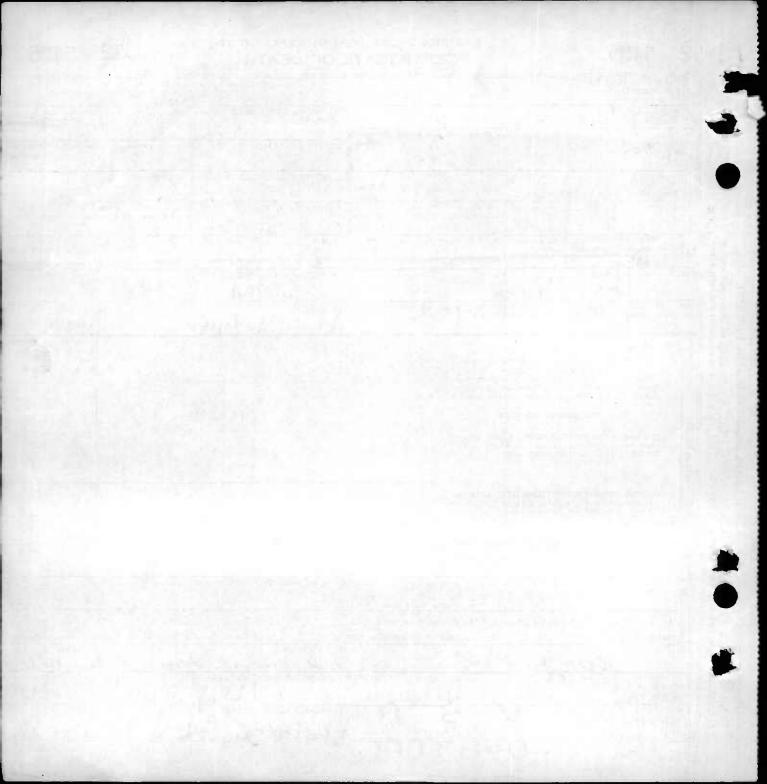
BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

le le	52	200 RTH 50194		EALTH DEPARTMENT E OF DEATH	Registered No.	2 5494
	1.	NAME OF DEGEASED APV ADA	4AVS		2. DATE OF DEATH JUNE	0.121952
lly such ited.	Α.	PLACE OF DEATH: Baltimore City, Maryland	7	4. USUAL RESIDENCE (W		itution: residence before admission)
	H	FULL NAME OF (If not in hospital or ins	stitution, give street address or location)		outside corporate limits, w	rite RURAL and give township)
e ca legibry.	8	-5 60111 eyou nar.	Yrs. Moe.	1 -1 11 7/1/2.	ural, give location)	
d be cand le			NGLE, MARRIED, DOWED, DIVORCED (Specify	B. DATE OF BIRTH	9. AGE (In years lif Under last birthday) Month	r I Year II Under 24 Hours B Days Hours Min.
should be	10 wor	A. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
ation ath cl	13	FATHER'S NAMED TO THE	ion nome	14. MOTHER'S MALBEN NA	ME O	10. H.
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24		injury or complication which caused of	death.) Due to	hir selston		unknow
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TE PL		22. I hereby certify that I attended			ling /2, 195 7t	
KITE est		23A. SIGNATURE Norths (Joe)		rred at 12 Mm., from the 23B. ADDRESS 2.923 Notation	e causes and on the c	late stated above. 3C. DATE SIGNED
ASE of	I	AA. SURIAC CREMA- 24B. DATE ON REMOVAL (Specify) Temation Lune 14/5	M. D. 1	POTA BO	OCATION (City, town, or	county) (State)
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n /	1	1218-10-4581 PURVI	S		
P- 6	5		EALTH DEPARTMENT E OF DEATH	Registered No.	5496
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\$	A.	PLACE OF DEATH: Baltimore City, Maryland 4 25 W Hamlus Of, FULL NAME OF (If not in hospital or institution, give street olders or	4. USUAL RESIDENCE (Wh	ere deceased lived. If institu B. COUNTY	tion: residence before admission)
lly s	H	OSPITAL OR STITUTION	Beets Mo	utside corporate limits, writ	e RURAL and give township)
legilor	ARREST AND ADDRESS OF THE PARTY NAMED IN	Length of stay in Baltimore Yrs. Mos. Days	125 W. Haml	ural, give location)	
NDING information should be ca	M	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	760-16-1910	9. AQE (In years H budsi last birthday) Months	
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NG ormati death	-	FATHER'S NAME	MOTHER'S MAIDEN NA	retto.	
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OR tem		18. 491 X CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH		NTERVAL BETWEEN
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tri .		TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION	PATION		20. AUTOPSY?
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CTE sesp		deceased alive on the fight and that death occur 23A. SIGNATURE M.D.	33. ADDRESS		tc stated above.
ASE ct ag	24 TK	A. BURIAL CREMA- 24B. DATE N. REMONAL (Specify) LULL 16-51 THE STATE OF CEMETE	RY OR CREMATORY 24D. LOC	CATION (City, town, or cou	fnty) (State)
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2	5495 CERTIFICA	TE OF DEATH Registered No. 5495		
1.	NAME OF DECEASED = MOTY Gode	2. DATE OF DEATH		
Α.	PLACE OF DEATH: Baltimore City, Maryland Baltinore FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission		
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1	Length of stay in Baltimore Length of stay in Baltimore	D. STREET ADDRESS olf rural, give location)		
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13	LOUIS VODER	SARAH R. MAST		
15 Yes	(If yes, give war or dates of service) 16. SOCIAL SECURITY NO	7. INFORMANT ADDRESS ABOVE		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	monary edema days		
CAHON	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	perfensive cardio- ?		
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AL CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP			
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	22. I hereby certify that I attended the deceased from deceased alive on 12, 1952, and that death occ	1 21 305 19 12, 10 6 1 / 2, 19 3, That I last saw th		
	23A. SIGNATURE See Jew Lin M. D.	238. ADDRESS Md. General Hosp. Jun 12'52		
24 TIC	NAL BURIAL, CHEMA: 248 DATE 24c. NAME OF CEME ON REMOVAL (Specify) 6-15-1952 WILSONS	TERY OR CREMATORY 24D. LOCATION (City, town of county) (State) LONG GREEN MD.		
LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE DCAL REGISTRAR IN 13 1952 Huntington Williams Meta	HWS FNKING & SANG CO. 4905 YORK RD.		
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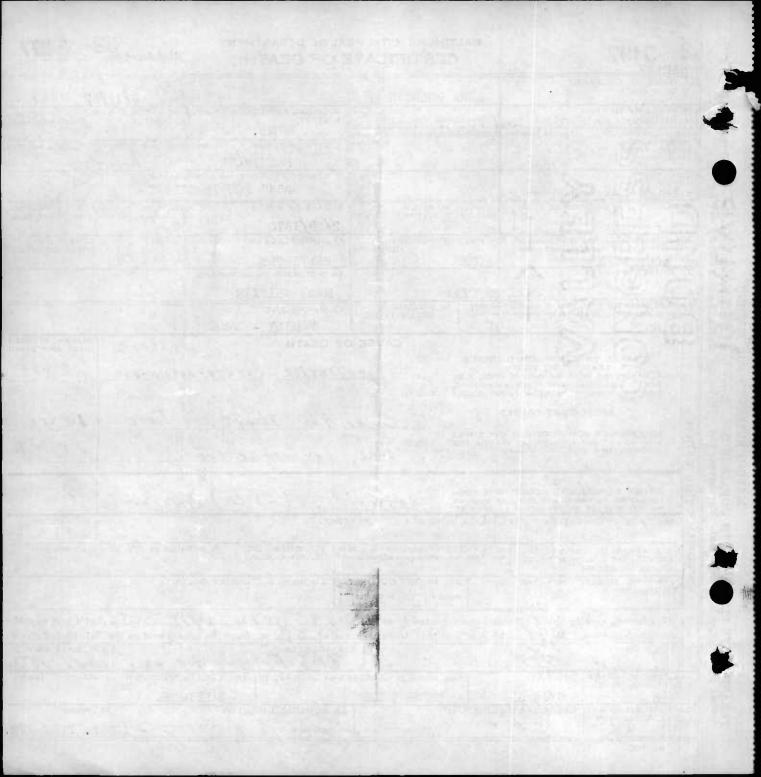
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5497

1. NAME OF DECEASED (Type or Print)	ANNA ROSSMAN	2. DATE OF DEATH 6/II/	' 52
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hos HOSPITAL OR INSTITUTION	3547 FOURTH STREET pital or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived, If instance B. COUNTY MD. C. CITY OR TOWN (If outside corporate limits, years)	before admission)
c. Length of stay in Baltimore	Yrs. Mos. Davs	BALTIMORE D. STREET ADDRESS (If rural, give location) 3547 FOURTH STREET	,
5. SEX 6. COLOR OR RAC		8. DATE OF BIRTH 9. AGE (In years if Under last birthday) 2/28/1870 82	or I Year M Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kin work done during most of working life, even if retir HOUSEWORK	of 10B. KIND OF BUSINESS OR INDUSTRY	BALTIMORE	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME MICHA 15. WAS DECEASED EVER IN U. S. ARN	EL BRECKER	MARY WHITKER	
(Yes, no or nnknown) (If yes, give war or d	security No.	FAMILY - SAME OF DEATH OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DE (This does not mean the mod heart failure, asthenia, etc. It n injury or complication which ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	ATH of dying, e. g., eans the disease, caused death.) USES (B)	estinsive Cordio-Vosculor estimate theory Bilure Authorizations	LOSTS
OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, SE TO THE DISEASE OR CONDITI	T NOT RELATED DE CAUSING IT.	is (Osteo) Hyper trophic	?
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CAUSE OF DEATH 21D. TIME (Month) (Day) (Ye OF INJURY 22. I hereby certify that I d deceased alive on	tended the deceased from, 19,22, and that death occur	21f. HOW DID INJURY OCCUR? 6/9, 1952, to 6/11, 1952, tred at 2/0. m., from the causes and on the	
23A IGNATURE 24A BURIAL, CREMA- TION, REMOVAL (Specify)	aus M. D.	RY OF CREMATORY 24b. LOCATION Lity, town, or	County) (State)
DATE RECEIVED BY REGISTRA	52 CEDAR HILL ritington Villians M	1)00	E. FORT AVE



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ALBERT F. BALLISTRER OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND a HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SECOURS township) ON 1+05 PITAL BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) Moo. c. Length of stay in Baltimore YULASKI HICHWAY + ALLENDER RD. on should be Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information KESTAURANT Tavern & Restaurant OWNER BALTIMORE U.S.A 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME Cesina Corvia SAMUEL BALLISTRERI A STATE OF THE PROPERTY OF THE 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Jo 16. SOCIAL 17. INFORMANT SECURITY NO Anna M. Ballistreri, wife, above UNKNOWN no 18. INTERVAL BETWEEN item CAUSE OF DEATH cal ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH
(This does not mean the mode of dying, e.g., UREMIA Every RESERVED write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RENAL METASTASES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p CARCINOMA OF BLADDER UNDERLYING CONDITION LAST. MOS U RTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE/OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CAL REVEALED CARCINOMA NO X 21B. PLACE OF INJURY (e.g., in or | 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bidg., etc.) | INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 5/12 . 195 7that I last saw the 195 2 to TE 11 , 19 52, and that death occurred at 6:15 pm., from the causes and on the date stated above. deceased alive on 6 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY (State) Burial June 16, 1952 Lorraine Mausoleum Woodlawn, Md. Schimunek Funeral Home, Inc. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 1 Juninglow 2601-3-5 E. Madison St. VS 150

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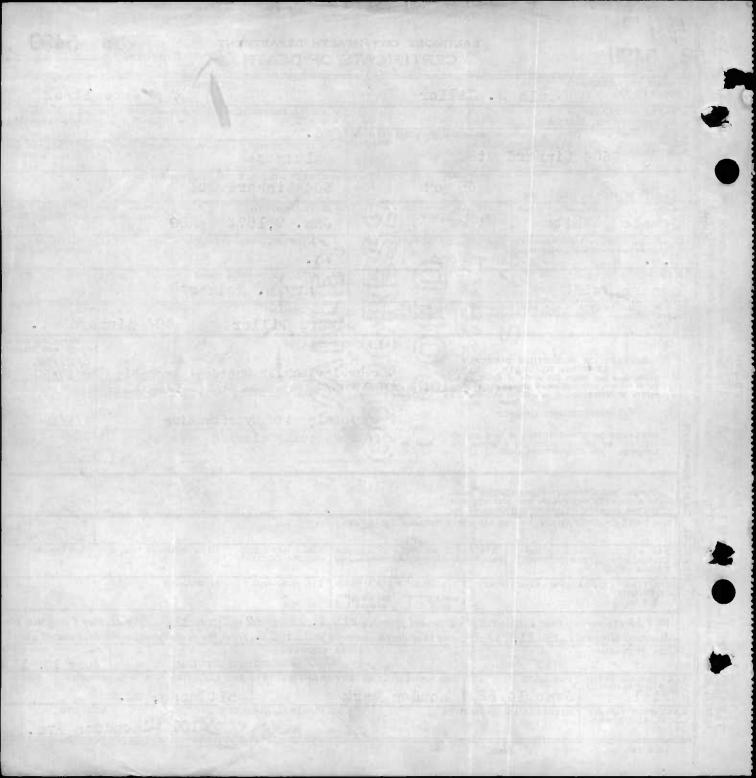
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BALTIMORE CITY HEALTH DEPARTMENT

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gistered No	0,700

2 BIRTH	5499			CERTIFICATI	E OF DEATI	H R	legistered No.	0,700
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c. Len	gth of sta	y in Baltimore	65	yrs Yrs. Mos. Days	604 Linns		e location)	
5. SEX	nale	.COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	Jan. 9,18	loct		s I Year If Under 24 hours S. Days Hours Min.
	luring most of w	JPATION (Give kind of orking life, even if retired)	Own H	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (S	state or foreign con	intry) 12	CITIZEN OF WHAT COUNTRY?
13, FA7	HER'S NA				14. MOTHER'S MA			
15. WAS (Yes, no or	DECEASED runknown)	EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT dward Gill	er	604 Linn	ard >t.
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LI T	RIBUTING T	II SNIFICANT CONDI TO THE DEATH, BUT EASE OR CONDITION	NOT RELATI	D.				
19A	. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			YES NO
LY CA		NT WAS UNDER- CONTRIBUTING EATH	21B. PL.	ACE OF INJURY (e. g., is farm, factory, street, office bldg.,	n or 21C. WHERE D		timore City, give	exact location)
	TIME (M	onth) (Day) (Year)		2 IE. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCU	R?	
dec	I hereby eased alin	e on June 11,	ended the	deceased from Apr and that death occur	11 1. ,19 4 red at 11:00 As 38. ADDRESS 3030 Edmond	, from the caus	es and on the	hat I last saw the date stated above. 3c. DATE SIGNED June 12. 195
24A. E TION, RI Buri	EMOYAL (Spe	EMA- (248. DATE ccify) June 14	1-0	24c. NAME OF CEMETE Loudon Parl	RY OR CREMATORY		N (City, town, or	
	RECEIVED REGISTR	AR IL A	S SIGNATI	Viliaus, M.	28. FUNERAL DIR	ECTOR		on Ave.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF **GMUREK** VINCENT DEATH June 12, 1952 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) (If outside corporate limits writed URAL and give township) HOSPITAL OR c. CITY OR TOWN INSTITUTION 3 S. Collington Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 3 S. Collington Avenue Days 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 9. AGE (In years) H Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) January 19, 1891 Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Russia Stevedore- Retired Shipping USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul Gmurek Mary Orlowska 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or naknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 09 6451 MM I WW 216 Mrs. Mary Gmurek, 3 S. Collington Avenue INTERVAL BETWEEN 18. 42011 CAUSE ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 11 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially NOT WHILE 22. I hereby certify that I attended the deceased from face 10, . 1952, to June 12, 1952, that I last saw the deceased alive on fun 12, 1952, and that death occurred at 10 am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 100 age 24A. BURIAL, CREMA-PLEASE correct ag 24B, DATE TION, REMOVAL (Specify 6/16/52 Burial Baltimore National Baltimore Maryland ADDRESS M.F. SADOWSKI & SONS 1808 EASTERN AVENUE 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

BARNER ROTHER TO THE PROPERTY OF THE PARTY O included and additional appropriate and the contract of the co nal Salitan Care 3001, parties in Calding A. Carlos M.